

NEW JERSEY
STATE HOSPITAL

at Morris Plains

1924

974.901

H79

974.9

FORTY-NINTH ANNUAL REPORT

OF THE

MANAGERS AND OFFICERS

OF THE

NEW JERSEY STATE HOSPITAL

AT

MORRIS PLAINS

FOR THE YEAR ENDING JUNE 30th

1924

HOSPITAL PRINT

1924

Compliments

of

Dr. Marcus A. Curry
Superintendent

974.901

H79

974

FORTY-NINTH ANNUAL REPORT

OF THE

MANAGERS AND OFFICERS

OF THE

NEW JERSEY STATE HOSPITAL

AT

MORRIS PLAINS

FOR THE YEAR ENDING JUNE 30th

1924

HOSPITAL PRINT

1924

974.901
#79

974



ADMINISTRATION BUILDING.

Managers

PRESIDENT.

DANIEL S. VOORHEES.....Morristown

VICE-PRESIDENT.

W. L. R. LYND.....Dover

AUGUSTUS S. KNIGHT, M. D.....Gladstone

A. B. LEACHSouth Orange

GEORGE RICHTERBoonton

MRS. JAYNE MILLARD DOYLE.....Newton

MRS. MARIAN K. GARRISON.....Llewellyn Park, Orange

JAMES E. LAUENSTEIN.....Secretary

Officers

MARCUS A. CURRY, M. D.....	Medical Superintendent and Chief Executive Officer
ARTHUR G. LANE, M. D.....	Clinical Director
GEORGE R. HAMPTON, M. D.....	Senior Assistant Physician
GEORGE B. McMURRAY, M. D.....	Senior Assistant Physician
LAURENCE M. COLLINS, M. D.....	Senior Assistant Physician
LEO J. PALMER, M. D.....	Senior Assistant Physician
THOMAS B. CHRISTIAN, M. D.....	Pathologist
FRANKLIN C. YOUNG, M. D.....	Assistant Physician
OSCAR C. REEVE, M. D.....	Assistant Physician
VICTOR D. THOMAS, M. D.....	Assistant Physician
WILLIAM J. LEIN, M. D.....	Assistant Physician
PHILIP C. WASHBURN, M. D.....	Assistant Physician
WILLIAM DIETZ, M. D.....	Assistant Physician
GEORGE M. BRANDAU, M. D.....	Assistant Physician
BRADFORD J. MURPHEY, M. D.....	Assistant Physician
JOSEPH DONOVAN, M. D.....	Assistant Physician
J. HARLEY STAMP, M. D.....	Assistant Physician
THEODORE R. FORD, M. D.....	Assistant Physician
PERRY J. GAMBILL, M. D.....	Assistant Physician
ALBERT V. ROCHE, M. D.....	Assistant Physician
CHARLES E. CLARK, M. D.....	Assistant Physician
FRANCIS C. BARTLEMAN, D. D. S.....	Resident Dentist
JOHN S. WHITEHILL, D. D. S.....	Resident Dentist
O. M. BOWEN.....	Warden
EDWARD I. COURSEN.....	Assistant Warden

Board of Consultants

JAMES T. WRIGHTSON, M. D.....	Physician
JOSEPH BRETTAUER, M. D.....	Gynecologist
PHILANDER A. HARRIS, M. D.....	Gynecologist
CHRISTOPHER C. BELING, M. D.....	Neurologist
FRANCIS H. GLAZEBROOK, M. D.....	Surgeon
JEROME MORLEY LYNCH, M. D.....	Surgeon
CLIFFORD MILLS, M. D.....	Surgeon
WILLIAM H. LAWRENCE, JR., M. D.....	Surgeon
REYNOLD WEBB WILCOX, M. D.....	Internal Medicine
LEONIDAS L. MIAL, M. D.....	Eye, Ear, Nose and Throat
E. BLAIR SUTPHEN, M. D.....	Eye, Ear, Nose and Throat
H. J. F. WALLHAUSER, M. D.....	Dermatologist
HARRISON S. MARTLAND, M. D.....	Pathologist
CLARENCE R. O'CROWLEY, M. D.....	Urologist
DAVID A. KRAKER, M. D., F. A. C. P.....	Gastro-Enterologist and Proctologist
GEORGE H. LATHROPE, M. D.....	Clinical Medicine

Report to the Commissioner

To the Honorable Burdette G. Lewis, Commissioner of Institutions and Agencies:

The Board of Managers of The New Jersey State Hospital at Morris Plains respectfully submits to you herewith the forty-ninth annual report of the institution, including the detailed report rendered to the Board by Dr. Marcus A. Curry, Medical Superintendent and Chief Executive Officer. In his report Dr. Curry has made various recommendations which we commend to your careful attention. In particular, he has shown the urgent need that the half-mill tax for construction work and equipment at this institution be imposed for one more year, if the policies so wisely instituted are to be properly executed, and we of the Board feel strongly that the people of New Jersey are interested in institutional problems and that they wish to have this great hospital on the firm foundation of adequate plant and furnishings, in order that every opportunity may be afforded for the care and cure of their afflicted friends and kindred.

Throughout the year the Managers have given freely of their time and interest to the furtherance of hospital developments. Much attention has been devoted to the different pieces of building construction which have been in progress, more especially to the two sections of the Congregate Dining Hall and to the completion of the sewage disposal system. A careful analysis of the most pressing requirements of the institution consumed many months, and numerous consultations have been held with a view to meeting these requirements by means of the proceeds of the half-mill tax. The President of the Board of Managers has given special personal study to the question of obtaining a permanent adequate water supply. The Chairman of the Medical

Committee has taken several trips for the purpose of observing the buildings recently erected in other states where problems are similar, and has also invited authorities on hospital construction to attend conferences in his office with local resident officers and members of your department. The other members of the Board, individually and collectively, have spared no pains to serve the institution.

All of the buildings which are to be constructed by means of the present half-mill tax have received thoughtful consideration, but intensive study has been given to the plans and specifications for the Reception Building. Together with the resident officers the Managers have taken up in detail with architects and engineers, including those connected with your department, the advantages and disadvantages of different types of structure and the special needs of this hospital in relation to the admission rate and the existing plant and equipment. Guided by the best advice obtainable and by the experience gained in the construction work of the past three years, we have endeavored to avoid the pitfalls which appear to be an intrinsic feature of plan-making, and to insure the erection of a building supremely fitted to the requirements.

We wish to take this opportunity to express our sincere appreciation of the generous spirit of cooperation which has been constantly manifested by the members of your department, especially by Director Alan B. Mills, of the Division of Architecture and Construction, and by yourself as Commissioner. The demands of this institution must often seem exacting, particularly since it is located at such a distance from the central office, necessitating much valuable time consumed in travel; yet Mr. Mills has shown himself unsparing in his efforts to push forward the current construction work and consulting frequently with the Managers and resident officers regarding different phases of the drawing up of plans and specifications.

In addition to the construction program, actual and prospective, the Board can report to you a definite advancement along the lines of internal administration. Housing conditions

for employees, while still far from satisfactory, have received certain relief. With the completion of the living quarters in the Main Building Centre, the accommodations for physicians reached reasonable proportions, and when the furnishing is finished the present staff can be cared for comfortably. By means of renting a cottage on the outskirts of Morris Plains temporary additional quarters for women employees were provided, and a bus schedule was arranged to supply transportation for those assigned rooms there. With these exceptions the housing situation is still bad, but we are anticipating marked improvement when the buildings now provided for are ready for occupancy.

There has been an increase in the number of employees, although the total number on ward duty, especially women attendants, remains far from adequate. The official staff has been augmented to a gratifying degree by additional physicians, social service workers and instructors in physical education and occupational therapy. A new position was created, that of matron in charge of staff quarters, and was filled by a competent woman, a college graduate, who has proved valuable not only in organizing and directing the housekeeping, but also in salvaging discarded furniture and equipment and in assisting Mrs. Garrison, Chairman of the Furniture Committee.

The work of the medical department throughout the year has been highly satisfactory to the Managers. Dr. Lane, as Clinical Director, has continued to improve the methods and scope of the mental and physical examination of patients and has found it possible, with an increased corps of physicians, to arrange for more intensive study of the individual cases. He is still handicapped by the lack of that permanent skilled nursing force which is hardly secondary in importance to the doctors in the care of mental ailments. Doctor Lane has taken part in many conferences and has performed valuable service in the development and study of building plans.

The surgical division has had a very successful record under the direction of Dr. Collins, with Dr. Clifford Mills, of Morristown, as active consultant. The work of the pathological labora-

tory, with Dr. Christian as pathologist; the X-ray division, under Dr. Hampton, and the occupational and amusement activities, under the supervision of Dr. McMurray, have also been most commendable. Dr. McMurray, in addition to these duties and the supervision of an extensive ward service, attends to routine executive matters in the absence of the Superintendent. The opening of a separate division for the diagnosis and treatment of diseases of the eye, ear, nose and throat, in charge of Dr. Gambill, marks another advance step in the scientific care of our patients. In fact, the entire staff of physicians are deserving of the highest credit for the energy and interest with which they have carried on the work and policies of the hospital.

In the dental division we were sorry to lose the services of Dr. Bartleman, who resigned during the year, but we are glad to report that Dr. John S. Whitehill appears to be conducting the work in a competent and satisfactory manner. The curative workrooms and the division of physical education are both accomplishing fine results with an increased force of instructors. Together they provide interesting and wholesome activities for the large group of sluggish or disturbed patients who are not in condition to go to the shops or join in the general sports. The social service workers have been increased from two to four, but the staff is still insufficient for the duties required. Although it is always difficult to express in terms of money the value of any division of the hospital, the report of the Superintendent shows that the number of patients carried on visits outside the institution has increased by 200 since the social service work was organized; which would represent a yearly saving of \$73,000 in maintenance. In the supervision of the ward employees and systematizing of their work, Miss Moylan, Superintendent of Nurses, has been most competent and has accomplished a great deal. Unfortunately, the available material continues insufficient for the building up of a thoroughly satisfactory force, but, taking into consideration this limitation, the results achieved have been excellent. The training school has been accepted by Bellevue Hospital and an affiliation established, thus placing our students

on a footing with those in recognized general hospitals.

In the business department Mr. O. M. Bowen as Warden has directed a vast amount of work with characteristic skill and success. The growth of the institution, with the additional number of employees and the expansion of the hospital plant, is throwing a greatly increased burden upon this department, and we are deeply appreciative of the faithful way in which the many employees are carrying on the work with some equipment entirely unsuited to present conditions. The Warden's report, which is incorporated with that of the Superintendent, indicates briefly the work accomplished; the list of recommendations with its enumeration of the more pressing needs affords some idea of the difficulties under which much of this work has been done.

In reviewing the progress of the past year, the Board of Managers are more than ever convinced that they made no mistake in the appointment of Dr. Curry as Medical Superintendent and Chief Executive Officer. Like a general who has won his promotion on merit, step by step from the lowest rank of commissioned officer, Dr. Curry is thoroughly intimate with every feature of his command, and is able to issue orders with judgment because he knows from experience just what will be entailed in their execution. He is unostentatious and approachable, ready to give his personal time and attention to the solution of any difficulties, interested not in results only, but in the people who are concerned. This attitude wins many friends for the hospital outside, and in internal administration smooths many obstacles which would otherwise cause dissatisfaction and the loss of valued employees. Only those most intimately associated with Dr. Curry can know the constant demands upon him or how responsive he is to his responsibilities and how prodigal his time and energy are spent in the service of the institution. We who are in a position to appreciate what he is doing realize that Dr. Curry is an unusually fine executive, with his whole heart and soul in his work, and that he belongs to that rare type of disinterested administrator which any institution or organization is fortunate in having as a head.

At the close of the year covered by this report there remained on the books of the institution 3,364 patients—1,661 males and 1,703 females—which was an increase of 225 patients over the previous year. There were admitted during the year, including new admissions, readmissions and transfers from other institutions for the insane in this state, 698 patients—363 males and 335 females. The discharges totaled 260—136 males and 124 females; 80 were recorded as recovered, 117 as improved, 35 as unimproved, 14 without psychosis, and 14 were transferred to other institutions in New Jersey. The deaths for the year numbered 213—124 males and 89 females.

The Managers constituting the Board were the same as last year. During the year 14 meetings were held, of which 11 were regular, 2 special and 1 informal; the total attendance at these meetings was 78. Managers' visits to the institution during the year, including conferences, totaled 235, making a grand total of 313 trips to the hospital made by the different members of the Board. Very respectfully submitted,

DANIEL S. VOORHEES, *President.*
W. L. R. LYND, *Vice-President.*
AUGUSTUS S. KNIGHT, M. D.
A. B. LEACH,
GEORGE RICHTER,
JAYNE MILLARD DOYLE,
MARIAN K. GARRISON.

June 30, 1924.

TREASURER'S REPORT

NEW JERSEY STATE HOSPITAL

TREASURER'S REPORT OF CASH RECEIPTS AND DISBURSEMENTS FOR THE FISCAL YEAR ENDING JUNE 30, 1924.

RECEIPTS.

From Bergen County	\$58,927.20
“ Essex County.....	3,626.71
“ Hudson County.....	10,719.03
“ Hunterdon County.....	313.72
“ Morris County.....	30,726.62
“ Middlesex County.....	805.05
“ Mercer County.....	171.00
“ Monmouth County.....	960.89
“ Passaic County.....	112,242.53
“ Sussex County.....	10,674.41
“ Somerset County.....	267.78
“ Union County.....	68,174.11
“ Warren County.....	1,890.72
“ Private patients.....	145,948.42
“ Individuals for support of indigent patients.....	7,061.97
“ Miscellaneous collections.....	3,509.74
“ Insurance Company for loss by fire.....	1,054.04
	\$457,073.94

The following amounts were received in July, but are creditable to fiscal year ending June 30, 1924:

RECEIPTS.

1. From Bergen County.....	\$5,290.05
2. From Union County.....	6,578.41
3. From war risk patients.....	12,193.77
	\$481,136.17

DISBURSEMENTS.

Total of check issued to State Treasurer.....	\$480,082.13
Check issued to State Treasurer credited to accounts Nos. X15YY and X15XX, to be expended.....	1,054.04
	\$481,136.17

O. M. BOWEN,
Treasurer.

Report of the Chief Executive Officer

To the Board of Managers:

As directed by law and custom, the annual report of The New Jersey State Hospital at Morris Plains is herewith submitted to you by the Medical Superintendent and Chief Executive Officer. This is the forty-ninth annual report of the institution and covers the period from July 1, 1923, to June 30, 1924. Included are the reports of the heads of the numerous divisions of hospital activity, certain recommendations and a detailed statistical appendix.

In reviewing the outstanding features of the year, I consider that they have been characterized by a steady progress. The plant has been improved, the personnel increased and the examination and treatment of patients made more varied and comprehensive. At the same time careful attention has been given to the program for future developments.

On the side of building and equipment there has been a continuous expansion. Most prominent among the various construction activities are the erection of the women's wing of the congregate dining hall for patients of the Main Building, the alteration of the living quarters for physicians and other officers on the third, fourth and fifth floors of the Main Building Centre, and the continued work on the sewage disposal system. Only the alterations in the living quarters have been completed during the year, but the other work is advancing in a satisfactory manner.

A great amount of time and study have been devoted to the development of plans for a further continuation of the building program, in order that the proceeds from the half-mill tax may be utilized to the utmost advantage. The men's wing of the congregate dining hall and the new power plant are already

under construction. Additional plans include a reception building, two convalescent cottages and a housing group for employees; these, with the present Clinic Building, will constitute part of the new unit of the institution, and a central kitchen is planned to supply this unit. The employees are to eat in a separate dining hall adjacent to this kitchen, while ward dining rooms are provided in the Clinic and Reception buildings for the patients, as the majority of those in this group are not in condition to be taken to a congregate dining hall. Further plans for the fund comprise the connection of these new buildings with the heating, water, electric and sewage disposal systems, the construction of a new kitchen for the Main Building, an occupational unit to provide suitable working quarters for the patients now employed in cramped and poorly adapted rooms in the basement of the Dormitory Building, and the provision of a permanent and adequate water supply.

The past twelve months have shown a numerical improvement in the personnel of the hospital. The medical staff has been increased by the addition of five physicians, but is still considerably below the advised quota of one physician to each 150 patients on the regular service and one physician to each 100 new admissions. The enrollment of ward employees is about 30 per cent. higher than a year ago, although unfortunately only a small fraction of this increase is to be found in the group where most needed—the women undergraduate nurses and attendants. In the divisions of occupational therapy, social service and physical training, the number of workers has been increased with corresponding improvement in the efficiency of these valuable curative agencies. The number of patients employed in the industrial classes or in general hospital work, for instance, has increased from 1,135 to 1,479, and a gratifying proportion of this increase is among the women patients. The number of patients outside the institution on trial visit has been enlarged about 30 per cent., and is undoubtedly capable of much further extension. A new position was created in that of chief matron, having supervision over the staff quarters, and has

proved a worth-while economy as well as highly advantageous in centering responsibility.

During the year an advance has been made in the training offered to physicians and nurses. In addition to the usual instruction for new physicians, the Clinical Director has given weekly lectures on psychiatry and the modern theories of mental disorders, which have been attended by the entire staff and have proved highly stimulating and productive. The training school for nurses has established an affiliation with Bellevue Hospital and has been officially accepted by the State Board of Examiners of Nurses, having met all the requirements for an accredited training school. We are now in a position to offer complete instruction to student nurses and to give a post-graduate course in psychiatric nursing to those with general hospital diplomas.

The housing problem has been constantly with us during the past year. A cottage located near the hospital property was rented to provide quarters for women employees and was occupied by attendants and by assistants in the physical training and occupational divisions. This arrangement, however, is only temporary. We shall remain seriously cramped for satisfactory housing facilities for attendants until the new buildings provided for by the half-mill tax are completed. The various physicians who have been domiciled in the Main Building Centre have been obliged to live under very unpleasant condition for the entire year, as it was impossible to vacate both the third and fourth floors at the same time; consequently these men, several of whom have their wives with them, have been obliged to move from one floor to the other at the convenience of the workmen, with their quarters always temporary and unsettled.

In the course of the past three years, in addition to a general reorganization of the hospital work and personnel, more building has been carried on than at any other period since the erection of the Main Building was in progress fifty years ago. The change in methods from custodial care to active treatment requires a decided increase in space and appliances, which in turn require

more and differently equipped employees. At the same time the standard of living throughout the country, and especially in the metropolitan area, has become much higher, so that no employee, from physician to kitchen man, is satisfied with the accommodations which would have been regarded as ample twenty or even ten years ago. To meet these changing conditions and at the same time to provide for the long-standing overcrowding of the institution, plus the natural increase in population, is a most serious problem.

Expressed in concrete figures, the situation is as follows: In 1920, when appropriations were made for the Clinic Building, the institution was overcrowded to the extent of 1,000 patients; the Clinic Building was planned to accommodate at most 400 patients. Since that date the number of patients on the hospital books has increased 651. The system of extended visit under social service supervision has added over 200 to the patients living outside the institution, but even subtracting this very considerable figure from the total, there are 423 more patients actually in the institution than in 1920, or an increase greater than the planned capacity of the Clinic Building. At the same time the number of physicians has been doubled and the number of employees enlarged more than 85 per cent.

The studies made by Commissioner Lewis, with the Division of Architecture and Construction, the Board of Managers and the Superintendent and staff of this institution, indicate that the half-mill tax will provide about 50 per cent. of the buildings necessary to house properly the hospital population. This includes of necessity construction for employees as well as for patients, since before a new building can be opened for occupancy by patients it is absolutely essential that living quarters and dining room facilities be provided for the employees who are to work in that building and care for those patients. It is obvious that the half-mill tax should be requested for another year if the institution is to be equipped in the manner demanded for humane and scientific care and treatment of the inmates, and I accordingly most earnestly recommend that this be done and

that it be done immediately, in order that the work now begun may be carried on to completion.

STATISTICAL RESUME.

The various statistical tables are compiled according to the standard forms made up by the National Committee for Mental Hygiene and adopted by the American Psychiatric Association. The entire group of tables is printed in the statistical appendix to this report, but the following summary of the results has been arranged by the hospital statistician, Mr. William J. Littell:

At the close of the hospital year there remained on the records of the institution 3,364 patients—1,661 males and 1,703 females—an increase in population of 225 patients. This is the highest increase in any one year since the opening of the hospital. It may be added, however, that owing to the active parole system, the increase in the number of patients in the institution is but 155.

There were admitted 698 patients—363 males and 335 females—an increase in the number of admissions over the preceding year of 40 patients. Of these admissions 570—295 males and 275 females—were admitted for the first time to any institution for the insane. The readmissions numbered 113—59 males and 54 females—and there were transferred from other institutions in the State of New Jersey 15 patients—9 males and 6 females. The highest number of admissions for any calendar month was 68, in April, and the lowest number was 45, in November.

The total number of patients under treatment during the year was 3,837—1,921 males and 1,916 females. The highest number of patients actually in the hospital at any one time during the year was 3,124—1,549 males and 1,575 females. At the close of the year 247 patients were carried on parole—114 males and 133 females. This includes a few patients who escaped, as well as those outside on visit under supervision.

The foreign-born first admission patients numbered 269, or over 47 per cent. The nativity of 4 patients was unascertainable. Seven countries supplied nearly 72½ per cent. of the total foreign admissions—Austria, 21; Germany, 31; Hungary, 20; Ire-

land, 26; Italy, 43; Poland, 30, and Russia, 24. Natives of the three countries, Germany, Italy and Poland, constituted nearly 40 per cent. of the foreign-born. Ninety-four foreign-born patients were naturalized citizens and 128 were aliens. The citizenship of 47 foreign-born was unascertainable.

Regarding the psychoses of first admissions, over 65 per cent. were diagnosed as suffering from cerebral arteriosclerosis, manic-depressive psychoses or dementia præcox, 94, 82 and 195 patients, respectively—the latter alone constituting 34.2 per cent. of all first admissions.

As to the race of first admissions, 30 were African, 58 German, 25 Hebrew, 48 Irish, 55 Italian and 51 Slavonic. This group of six races comprises nearly 47 per cent. of all first admissions.

Over 57½ per cent. of the first admission patients were between the ages of 25 and 50 at the time of admission. Seventy-seven of these patients were between 30 and 34 years of age.

Relative to education, 286 (over 50 per cent.) were recorded as having a common school training, 55 a high school and 10 a collegiate education. Only 36 were alleged to be illiterate.

As to the environment of first admissions, 502, or over 88 per cent., had urban and 64 rural residence. In the cases of 4 patients information was unascertainable.

Of the first admissions, 221 patients were classified as dependent, 283 (nearly 50 per cent.) as marginal and 62 as being in comfortable circumstances. The economic condition of 4 patients could not be obtained.

In the use of alcohol, 278 first admission patients (over 48 per cent.) were alleged to be abstinent and 128 temperate. Eighty-six (over 15 per cent.) were classified as intemperate. The habits of 78 patients in this respect were not ascertainable.

The marital condition of the first admissions is recorded as single for 190 patients—122 males and 68 females—and married for 287—138 males and 149 females. Seventy-one patients were widowed—21 males and 50 females. Ten patients were separated and 7 divorced. No information was obtainable as to the marital condition of 5 patients.

Of the readmissions, 32 were diagnosed as suffering from manic-depressive psychoses and 47 from dementia præcox, nearly 70 per cent. of the total. There were also 5 diagnosed as afflicted with senile psychoses, 6 with alcoholic psychoses, 5 with paranoia or paranoid condition, 5 with psychosis with psychopathic personality and 4 without psychoses.

During the year 80 patients were discharged as recovered, over 14 per cent.; based on the number of first admissions. This is a gain over the preceding year, when the recoveries consisted of 12.33 per cent. by similar computation. It must be borne in mind that the statistical recovery indicates those patients who are entirely free from delusions and other psychotic symptoms; included in the classification of improved are many patients who are able to make satisfactory adjustments in an extramural environment and are socially recovered, although medically they cannot be so regarded. During the year 117 patients were discharged as improved, 35 as unimproved and 14 as without psychosis. Fourteen patients were transferred to other institutions for the insane within New Jersey.

The deaths during the year numbered 213, a percentage of slightly over 5½, based on the number under treatment. The death rate for the preceding five years averaged 7.8 per cent. The rate for the past year therefore shows a material improvement.

The principal psychoses of those who died were senile psychoses, in 38 cases; general paralysis, in 44, and dementia præcox, in 56 cases. This group constitutes nearly 65 per cent. of those who died. The chief causes of death were pulmonary tuberculosis, in 25 cases; diseases of the circulatory system, in 60; pneumonia, in 21, and nephritis, in 24—61 per cent. of all deaths.

Relative to the ages of those who died, 122 patients, or over 57 per cent., were over 50 years of age at the time of death. Thirty-nine were over 70 years of age; of these, 12 were between 70 and 75 years, 9 between 75 and 80 years, 16 between 80 and 90 years and 2 were over 90 years old. The average age at death of all the patients who died during the year was slightly

over 53½ years.

As to the duration of hospital life of those who died, 124, or nearly 60 per cent., had been under treatment for over a year, 27 for from 5 to 10 years, 21 for from 11 to 20 years and 10 over 20 years. Of the latter, 2 were under treatment for over 25 years and 3 for over 30 years.

HEALTH.

We have been extremely fortunate during the past year in having an unusually good health record throughout the institution. There have been no epidemics among either patients or employees. The total number of deaths is the lowest for any corresponding period since 1915.

CLINICAL WORK.

Dr. Arthur G. Lane, the Clinical Director, has remained in charge of the clinical work of the hospital and has maintained a steady improvement in the methods and scope of examination and treatment of patients. Through reading and personal contacts Dr. Lane keeps in touch with the current developments in scientific circles, and he is constantly striving to increase the efficiency of the various divisions of his department. During the past year he has continued to give one day each week in the psychiatric section of the Cornell Medical College Clinic in New York City.

The Clinical Director's report is as follows:

The clinical work during the year has been further expanded and elaborated with very gratifying results. We have been fortunate in securing several new physicians for our resident medical staff, which had formerly been so inadequate for the work of caring for this large population. With each added member we have secured for our patients a proportionally greater amount of individual study, care and attention, which is so essential in the diagnosis and treatment of patients suffering from mental illness. With the additional quarters which the new construction will provide it is hoped that we may approach the ideal of an adequate medical staff.

In making a report I will have to point to the statistical tables for the clinical facts that are capable of being classified and numerically stated, and I can only outline and briefly comment on the main features of the various divisions usually considered as pertaining to the clinical activities of the hospital. Separate detailed reports of the work of each division are recorded elsewhere.

In the surgical service our consulting physician has visited us frequently and favored us with his advice and has also performed many of our capital operations. The resident surgeon and his operating staff have performed the greater part of our major and minor surgery with remarkable success. The mortality rate and the results obtained are such as might be envied by general hospitals, where patients are much more cooperative than our mental hospital patients.

The addition of an eye, ear, nose and throat service to our diagnostic and treatment facilities has furnished us with advantages rarely found in an institution of this nature. The large amount of work shown in the detailed report, both in routine diagnostic examination and in the medical and surgical treatment, is an indication of how necessary this division has become.

With the enlarged staff it has been possible to devote more time to the electrotherapeutic division. The physician whose time was formerly largely employed with ward duties has now the opportunity to devote himself entirely to this specialty with resulting greater advantages to the patients.

With the increased medical and surgical activities the laboratory has been called upon to function much more actively than ever before. The regular routine examination provided by this division is exceptional for even a general hospital. Aside from the routine work the laboratory forces, in conjunction with members of the staff, have been engaged in several lines of diagnostic and treatment research work. Much of the time of the physician in this division is devoted to the treatment of specific infectious diseases not only of our resident population, but also of indigent persons sent in by physicians in our district.

The division for physical education with an increased personnel has been able further to extend its benefits, as shown by the report of the Director.

The occupational therapy division, which has long been functioning on a high plane of efficiency, has continued to expand its activities, both in its industrial centers and in the ward routine. Mere reading of the statistical figures as outlined in the table of these two divisions gives but little idea of the valuable results obtained. Industrial activities and recreational diversions have long since passed the experimental stage and are now considered of inestimable value in assisting the restoration of mental faculties.

The dental service has continued to provide thorough treatment and surgical measures to the large group of patients who show oral sepsis and other pathological indications. In spite of the fact that there has been complete change in the personnel of this division during the year, and that for many months only one dentist has been operating, the dental report will show a very active year of work.

The social service division has been extremely active, as a glance at the figures of their report will show. With the aid of the supervision furnished by the workers our trial visit plan has been very successfully operated. Aside from their duties in after-care with extramural patients, much of the time of the division has been occupied in obtaining histories and investigations of the environmental factors which may have been operating to produce maladjustments in recently admitted cases. It would seem that the economic value of this department, while not lending itself to appraisalment in dollars and cents, is very great. It is quite evident that additional workers are very seriously needed to perform as completely as required the work expected in our large hospital district.

While a well-trained and competent medical staff is an essential part in carrying on all clinical work, it is just as essential to have an adequate nursing and attendant personnel to administer the detailed and prescribed treatment. We have been fortunate

in securing some very capable nurses who have earnestly joined in all of our endeavors, but we have also suffered the calamity, which is so universal in institutions at the present time, of being unable to obtain and retain an employee class sufficiently interested to give their best energies in ward work. It is very necessary in securing the best results from hospital care that nurses and attendants shall be intimately acquainted with their charges in all the various manifestations of their illness. I feel that in this respect our clinical efforts are often thwarted, and because of it we are severely handicapped in our aim of providing individual understanding and attention. We are impatiently waiting the construction of the new housing facilities, which will furnish modern, attractive and comfortable living conditions for a larger, permanent personnel.

The staff conferences have continued to function as a consultation feature for diagnosis and treatment. Each patient immediately following admission is assigned to one of the staff physicians, whose duty it becomes to investigate all the etiological factors, to study thoroughly all clinical symptoms, to correlate all the laboratory reports with those of the special examinations, and after a sufficient observation period to present the case, with his opinion of the proper valuation of all the findings, in a diagnostic summary. This summary is then open to question or confirmation by all of the staff members. During the latter part of the year it was found necessary to add to the four regular staff meetings another meeting in which patients are presented for study as to their qualification for trial visit privilege. The findings of this conference are then reported to the Superintendent as the staff opinion and with staff recommendation for the disposal of the case. For several months past one evening each week has been devoted to the study of psychiatry. Upon the request of the staff members, your Clinical Director has on these evenings lectured upon the various modern theories of mental illness. For the benefit of the new members a review of the formal symptomatology was made. In the constitutional or so-called functional diseases an attempt was made to trace the

dynamic psychological principles operating in the various emotional and conduct disorders with a view of learning the proper valuation and biological significance of personality defects in conflict with adverse environmental situations. The organic psychoses were studied, both from the view of pathological neurology and as biological maladjustments.

In closing, I am deeply grateful for the cooperation which has been extended to me from the various divisional heads and for the encouragement which has been so freely offered by the Board of Managers and Superintendent in our efforts so to raise the standard of the clinical work at this hospital that it will take rank as second to none in the treatment of mental diseases.

OPERATIONS, ACCIDENTS, ETC.

The surgical work of the institution has been carried on, as for several years past, with Dr. Laurence M. Collins, senior physician, in charge and Dr. Clifford Mills, of Morristown, as consultant. Practically all important operations are performed in the Clinic Building, where the operating rooms are large and well equipped, and where the patients are under the care of graduate nurses. As the record shows, the results obtained would be a credit to any general hospital where the patients are in normal mental condition and cooperate fully with the surgeons and nurses.

Record of minor accidents, injuries and illnesses which are given attention by the ward physicians are noted only in the individual case records. Dr. Collins has submitted the following list of the more important operations performed during the year:

No. of Cases	Diagnosis	Operation Performed	Result
1	Cervical adenitis	Adenectomy	Recovered
2	Ischiorectal abscesses	Incision and drainage	"
6	Infection of feet	Incision and drainage	"
2	Cellulitis of arm	Incision and drainage	"
3	Carbuncles of neck	Incision and drainage	"
1	Laceration of extensor tendons of right hand	Tendons sutured	"
8	Lacerated wounds of scalp	Wounds sutured	"

No. of Cases	Diagnosis	Operation Performed	Result
1	Fibrous ankylosis of fingers of both hands	Fibrous adhesions broken up	Recovered
1	Fibrous ankylosis of both knee joints	Fibrous adhesions broken up	"
1	Chronic osteomyelitis of second left metatarsal bone	Bone curetted	"
1	Chronic osteomyelitis of index finger of left hand	Amputation	"
1	Carcinoma of breast	Amputation	Improved
1	Sarcoma of right arm	Disarticulation at shoulder	Recovered
1	Aneurism of radial artery	Sac resected	"
20	Acute catarrhal appendicitis	Appendectomy	"
1	Acute gangrenous appendicitis	Appendectomy with drainage	"
6	Chronic catarrhal appendicitis	Appendectomy	"
4	Acute suppurative appendicitis	Appendectomy with drainage	"
1	Double inguinal hernia	Bassini operation	"
1	Incarcerated right inguinal hernia with acute catarrhal appendicitis	Bassini operation with appendectomy	"
4	Right inguinal hernia	Bassini operation	"
1	Femoral hernia	Sac resected	"
2	Umbilical hernia	Mayo operation	"
2	Ulcer pylorus	Posterior gastroenterostomy	"
2	Diastasis of recti muscles	Fascia sutured	"
1	Undescended testicle	Cord lengthened	"
2	Prolapse of uterus	Ventro suspension	"
3	Cystic ovaries	Ovariectomy	"
1	Chronic salpingitis (right)	Right salpingectomy	"
5	Laceration of cervix and perineum	Trachelorrhaphy and perineorrhaphy	"
1	Fibroid uterus	Hysterectomy	"
1	Chronic endometritis	Curettage	"
2	Complete prolapse of uterus	Hysterectomy	"
1	Extrauterine pregnancy	Double salpingo-oophorectomy	"
2	Tubercular peritonitis	Intestines exposed to air	Improved
1	External hemorrhoids	Hemorrhoidectomy	Recovered
1	Empyema of gall bladder	Cholecystectomy	"
2	Chronic cholecystitis with adhesions	Cholecystectomy	"

No. of Cases	Diagnosis	Operation Performed	Result
2	Cholelithiasis with chronic appendicitis.....	Cholecystectomy with appendectomy.....	Recovered
2	Intestinal obstruction caused by adhesion.....	Freeing of adhesion.....	"
1	Volvulus.....	Freeing of twist of gut.....	Died
1	Carcinoma of bladder.....	Cystotomy with radium treatment.....	"
1	Fracture lower end of radius (right) and lower end of radius (left)....	Fractures reduced.....	Recovered
1	Compound fracture of second finger of right hand.....	Fracture reduced.....	"
1	Colles fracture of left arm.....	Fracture reduced.....	"
1	Fracture of external condyle of right humerus.....	Fracture reduced.....	"
1	Fracture of lower third of right humerus.....	Fracture reduced.....	"
1	Fracture of neck of right femur....	Fracture reduced.....	"
1	Intracapsular fracture of left femur.	Fracture reduced.....	"
<i>Dislocations, Etc.</i>			
3	Anterior dislocation of shoulder...	Dislocation reduced.....	"
1	Sprain of right ankle.....	Strapped.....	"
<i>Foreign Bodies</i>			
1	Spoon in stomach.....	Gastrotomy with removal of spoon.....	"
1	Gunshot wound of chest.....	Removal of bullet.....	"

For the first time in several years there are no births at the hospital to record. Four patients committed suicide during the past year—two men and two women; strangulation was the method used in three instances, and in each case the patient eluded observation for a very few moments only, and utilized some portion of the clothing for the act. Every effort is being constantly made to prevent accidents, but with the low ratio of employees to patients it seems impossible to maintain absolute vigilance.

Two employees were injured by patients during the year. In

the first case the patient was an impulsive præcox, and when the ward attendant attempted to lead him to the dining room for breakfast he suddenly turned and bit off a portion of the attendant's nose. The hospital authorities had the attendant treated in New York City by the best specialist in plastic surgery obtainable, and with remarkable success.

The second case of injury to an employee also occurred on the ward. A patient who had always been quiet in demeanor and who was accustomed to work in various places about the institution, an ex-service man, without warning stabbed an attendant with whom he had always seemed to be on good terms. The weapon was a small knife, obtained in some unknown manner. The attendant was stabbed under the left shoulder and in the right side, but the knife did not penetrate the lung, and no serious damage was done.

EYE, EAR, NOSE AND THROAT DIVISION.

This year we have been able to open an eye, ear nose and throat division, under the direction of Dr. P. J. Gambill, who is a graduate of Johns Hopkins and has taken post-graduate work in New York City. The advantages of a separate division for the diagnosis and treatment of diseases of this class are self-evident, and we are fortunate in obtaining the services of a competent specialist. Dr. Gambill has submitted the following report:

The eye, ear, nose and throat work was organized on February 15, 1924, with headquarters in the Clinic Building. The necessary equipment has been added from time to time, and at present is fairly complete, thus enabling the patients to receive the most modern and efficient treatment. Every patient upon admission is given a very thorough examination of the eyes, ears, nose and throat, including the eye grounds for diagnostic purposes. Any conditions found which need medical or surgical attention are at once treated as indicated. Any conditions arising among employees or among patients admitted to the hospital before the organization

of this division are referred immediately for special treatment. Particular attention is given to the sinuses and points of foci of infection in order to bring the general health of the patient up to the highest possible level. All patients resident in the hospital are being examined as rapidly as possible, and within a few months it is hoped that every patient will have had a special examination of the eyes, ears, nose and throat.

Operations	Patients			Employees			Grand Total
	M.	F.	T.	M.	F.	T.	
Tonsillectomies.....	9	4	13	5	4	9	22
Myringotomies.....	..	2	2	..	1	1	3
Incision and drainage, peritonsillar abscess.....	..	..	..	..	2	2	2
Mastoidectomy.....	..	..	..	..	1	1	1
Removal lipoma, eyelid.....	1	..	1	..	..	..	1
Submucous resection, septum.....	4	..	4	..	..	..	4
Radical antrum.....	1	..	1	..	..	..	1
Nasal polyps.....	3	..	3	..	..	..	3
Ethmoidectomy.....	2	..	2	..	..	..	2
Total.....	20	6	26	5	8	13	39
<i>Medical Treatments</i>							
Persons treated.....	75	95	170	25	45	70	240
Number of treatments.....	310	392	702	101	179	280	982
<i>Examinations</i>							
Routine examinations.....	151	139	290	..	..	..	290
Special examinations.....	25	35	60	..	..	..	60
Refractions.....	15	30	45	..	..	..	45
Total.....	191	204	395	..	..	..	395

DENTAL DIVISION.

The work of the dental division during the past year has been handicapped by insufficient and changing personnel. On July 15th, Dr. Eveline H. Pollard reported for duty as assistant resident dentist, but resigned on December 22nd because of illness. On February 18th, Dr. John S. Whitehill reported for duty. Dr. Francis C. Bartleman, who had been in charge of the dental work of the institution for nearly three years, and who had

reorganized the entire division upon an efficient basis, resigned on February 29th to accept a much more lucrative position than the State service affords, and Dr. Whitehill became resident dental surgeon. For the past four months he has held the dental division to its former high level, although the lack of an assistant has made the arrangement of the work more difficult.

Dr. Whitehill has submitted the following report:

The work of the dental division is closely associated with that of the mental department as a whole. Staff meetings are attended and an effort made to correlate oral conditions with the mental and physical diagnosis. Each new admission is given a thorough oral examination, and all septic roots, carious teeth and any mechanical device that interferes with strict oral asepsis removed. Cavities are filled and edentulous portions of the mouth supplied with removable dentures, so that the patient is not left with an insufficient masticatory surface.

Radiograms are taken of all suspected impacted teeth and pathological conditions. Impacted teeth are removed and in a great many cases dental specimens of infectious areas are sent to the pathological laboratory for histological and pathological study. Individual charts are kept of every patient. The physical, oral and mental conditions are observed upon examination, and mental changes are noted as work progresses, and the mouth is put in hygienic condition, which is the aim of the dental division for every patient.

The personnel of the division at present consists of Dr. John S. Whitehill, Chief Resident Dental Surgeon; Miss Estelle Moser, Dental Nurse, and Patrick DeNapoly, Dental Mechanic. In the near future an assistant resident dentist will be added, thus bringing the dental staff up to its full quota.

The following brief tabulation covers the work of the dental division for the entire year:

EXAMINATIONS.....	473
PROPHYLAXIS.....	93
SCALINGS.....	85

FILLINGS:	
Amalgam	256
Porcelain	128
Gold	2
Gutta percha	180
Cement	95
PROSTHETIC:	
Dentures made	84
Dentures repaired	47
SURGICAL:	
Extractions	2,029
Impacted teeth removed	39
Pyorrhoea alveolaris treatments	30
Gingivectomy	7
Acute empyema of antrum	1
Necrosis of mandible	2
Fracture of mandible	2
Removal of foreign body	1

PATHOLOGICAL DIVISION.

Under the direction of Dr. Thomas B. Christian, Pathologist, the work of the hospital laboratory has progressed in a very satisfactory manner during the past year. Dr. Christian is scientific in his attitude and energetic in the prosecution of both routine and research investigations. In modern hospital methods increasing importance is given to laboratory findings and an active and thoroughly reliable pathological division is one of the first essential in the medical department.

Dr. Christian has submitted the following summary of the work of his division during the past year:

The routine procedure for each patient admitted to the hospital is as follows: Urinalysis, chemical and microscopical, with quantitative estimation of albumin and sugar when present. Blood examination—Blood count, consisting of enumeration of red blood cells, white blood cells, differential count of leukocytes, estimation of the hemoglobin content and blood pictures; blood chemistry consisting of a routine determination of the urea nitrogen, non-protein nitrogen, and creatinine; serological examination, consisting of the Wassermann reaction controlled in every

case with the Hecht-Gradwohl test. For almost every female patient admitted, microscopical examinations are made of smears taken from the vagina and cervix, and for every male patient with urethral discharge there is an examination for gonorrhoeal infection.

A lumbar puncture is performed upon every patient showing a positive blood Wassermann or positive Hecht-Gradwohl test and also upon those patients showing negative blood tests but with positive history of syphilis, as well as upon those with neurological signs suspicious of encephalitis lethargica, meningitis from any cause, brain tumor, etc. We have a number of cases of encephalitis and are making special examination upon the spinal fluids to determine the variations in the sugar contents with sugar tolerance tests upon the blood and spinal fluids, and are finding very interesting results, which later we expect to incorporate in a paper upon the subject. As controls we are doing a number of sugar tolerance tests upon demented dementia præcox patients, these tests including both blood and spinal fluid.

During the past year we have put under active antisyphilitic treatment every patient in this institution showing a positive Wassermann reaction, including every case of general paralysis. The drugs used are neo-arsphenamine, mercury salicylate, bichloride of mercury, mercurosal and mercoedel. Injections are given weekly and the cases with neurosyphilis are given spinal drainage. Our results are very encouraging both as to clinical improvement and obtaining a negative Wassermann. Many of the so-called Wassermann fast cases have become negative after long periods of treatment. The following is a brief summary of the treatments:

	Males	Females	Total
Number of patients under treatment	97	87	184
Number of doses of neo-arsphenimane	598	429	1,027
Number of doses of mercury	291	179	470

The free clinic for venereal diseases is open every Friday, between the hours of 10 A. M. and 4:30 P. M., and is available to all indigent persons in the County of Morris, if referred by a

physician of this county. The supplies for the clinic are furnished by the United States Public Health Service.

CASES TREATED:

	Males	Females	Total
Syphilis	27	16	43
Gonorrhœa	10	4	14
Chaneroid	3	..	3

SUMMARY OF THE WORK OF THE PATHOLOGICAL DIVISION.

	Males	Females	Total
URINE:			
Chemical and microscopical.....	893	756	1,649
Quantitative for albumin.....	124	171	295
Quantitative for sugar.....	78	61	139
Quantitative for chlorides.....	4	3	7
Cultures	6	2	8
Examination of smears from sediment.....	3	2	5
Phenolsulphonephthalein functional tests.....	9	6	15
BLOOD:			
Enumeration of red blood cells.....	78	523	601
Enumeration of white blood cells.....	124	610	734
Estimation for hemaglobin	46	117	163
Differential counts.....	124	610	734
Examination for plasmodium malariae.....	9	22	31
Widal tests	74	31	105
Cultures	7	4	11
Typing for pneumococcus type.....	2	1	3
Examination for blood groups	27	12	39
Sugar.....	63	71	134
Creatinine.....	624	619	1,243
Uric acid.....	7	3	10
Urea nitrogen.....	665	686	1,351
Non-protein nitrogen.....	602	625	1,227
Cholestrol.....	2	1	3
Total nitrogen.....	3	2	5
Chlorides.....	17	6	23
Tests for acidosis in blood	3	4	7
Wassermann tests.....	797	539	1,336
Hecht-Weinberg-Gradwohl tests.....	721	502	1,223
Determination of coagulation time.....	6	14	20

SPINAL FLUID:

Wassermann tests	164	67	231
Cell counts.....	164	67	231
Globulin.....	164	67	231
Colloidal gold curve.....	164	67	231
Smears for bacteria.....	11	7	18
Cultures.....	2	1	3
Sugar.....	164	67	231
Chlorides.....	3	1	4

SPUTUM:

For tubercle bacilli	38	27	65
For pneumococci	4	7	11
Cultures.....	2	1	3
Typing pneumococci	1	1	2

FECES:

For parasitic organisms.....	3	4	7
For tubercle bacilli.....	2	6	8
For typhoid bacilli.....	14	6	20
For bacterial flora.....	6	8	14
For occult blood.....	4	3	7

SMEARS:

For gonococci.....	16	214	230
For treponema pallidum.....	2	1	3
Vincent's angina.....	46	87	133
From diphtheriæ cultures	126	27	153

STOMACH CONTENTS:

Total acidity.....	4	2	6
Free HCl	4	2	6
Combined HCl.....	4	2	6
Salts.....	4	2	6
For Oppler Boas bacillus.....	4	2	6
Cultures	3	1	4
Occult blood	4	2	6

MISCELLANEOUS:

Autogenous vaccines	7	3	10
Examination of granulomas.....	2	4	6
Basal metabolism examinations.....	6	2	8
Sugar tolerance tests.....	4	16	20
Cultures from teeth.....	7	4	11

EXAMINATION OF TISSUES.....	27	34	61
-----------------------------	----	----	----

AUTOPSIES.....	13	1	14
----------------	----	---	----

Total.....	6,311	6,816	13,127
------------	-------	-------	--------

WATER:

For colou bacilli	72
For typhoid bacilli	11
Bacterial counts	72
Quantitative chlorine estimations	20

MILK:

Specific gravity	28
Fat content	28
Total solids	28
Proteids	28
Sugar	28
Bacterial counts	28

ALCOHOL:

For percentage	17
For wood alcohol	17
For aldehyde	17
For fusel oil	17
For adulterations	17

Total

Grand total 13,555

ROENTGENOLOGY AND ELECTROTHERAPEUTICS.

As for the past several years the division of roentgenology and electrotherapeutics has been under the direction of Dr. George R. Hampton, senior physician, but with the increase of the medical staff it has been possible to release Dr. Hampton from all ward duty and permit him to devote his entire time to the X-ray and electrotherapeutic work. As a result the amount of roentgenology, exclusive of that done at the request of the dental division, has been practically doubled, with corresponding diagnostic advantages. Dr. Hampton has submitted the following brief report of the work accomplished in this division:

Many problems in the diagnosis of physical complications have arisen during the year, and the X-ray room has frequently been called upon to render assistance both in the surgical and in the medical divisions. A special effort has been made to detect early patients suffering from incipient tuberculosis, in order that such

cases may be transferred to wards where the best conditions of light and air prevail. The X-ray has been of valuable assistance in this work. Besides such other routine work as is bound to arise from time to time in the institution, regular roentgenography of suspected tooth pathology has been continued in all new admissions. During the latter half of the year considerable attention has been devoted to X-ray work of the head.

In the electrotherapeutic room it has been the desire to give relief whenever possible by applying the various electrical currents in all suitable cases. A number of patients have received X-ray treatments for carcinoma and epithelioma.

The following tabulation shows the work accomplished during the hospital year:

ELECTROTHERAPEUTIC AND X-RAY TREATMENTS.

Static head breeze	461
High frequency current	24
Galvanic and sinusoidal currents	46
Static spark	89
Electrolysis	39
Violet-ray treatment	12
X-ray treatment for carcinoma	46
Total treatments	717

ROENTGENOGRAPHY.

EXPOSURES:	
Head	220
Maxilla	334
Chest	87
Abdomen	8
Abdomen (Barium meal)	55
Pelvis	12
Kidney	7
Upper extremity	125
Lower extremity	23
Teeth (films)	293
Total exposures	1,164

DIAGNOSES:

Fractures—	
Skull.....	10
Mandible.....	4
Clavicle.....	1
Ulnar.....	1
Radius.....	6
Metacarpal.....	3
Femur.....	8
Patella.....	1
Tibia.....	4
Fibula.....	4
Metatarsal.....	1
Bone necrosis.....	1
Osteomyelitis of humerus.....	1
Dislocations—	
Dislocation of shoulder.....	2
Foreign Bodies—	
Bullet in mandible.....	1
Hairpin in stomach.....	1
Hairpin in colon.....	1
Spoon in stomach.....	1
Bullet in lung.....	1
Chest—	
Pulmonary tuberculosis, acute.....	27
Pulmonary tuberculosis, chronic.....	13
Bronchitis.....	6
Pleurisy with effusion.....	3
Lobar pneumonia.....	1
Aneurism.....	2
Rupture of lung.....	1
Empyema of chest.....	1
Dextrocardia.....	1
Abdomen—	
Appendicitis.....	4
Congested kidney.....	2
Carcinoma of stomach.....	2
Duodenal adhesions.....	2
Colonic hypomotility.....	2

Teeth—

Unerrupted teeth.....	10
Impactions.....	54
Periapical abscess.....	50
Septic roots.....	45
Pyorrhoea.....	81

OCCUPATIONAL THERAPY DIVISION.

As in previous years, strong emphasis has been placed upon supervised creative effort as a treatment for the mentally diseased. This institution was one of the pioneers in this field, and now has an extensive list of occupations calculated to arouse interest and stimulate activity in all types of patients. Many of the more reliable, especially among the men, are encouraged to work about the grounds, gardens and greenhouses. This year a determined effort has been made to induce some of the women patients to take up gardening, particularly those women who are inclined to lead an inactive, indoor life. As a result, about fifty are now engaged daily in this healthful pursuit. The kitchens and shops afford varied forms of occupation to numerous patients, again chiefly men. In the laundry both men and women are employed, in about equal numbers. Finally, many patients of both sexes assist more or less actively with the routine ward housekeeping. All of the patients occupied in these varied ways are selected by the ward physicians and are supervised either by attendants or by the employees on duty in the different branches of institutional activity represented.

The division of occupational therapy is under the direction of Dr. George B. McMurray, senior physician, who gives his personal attention to the assignment of patients to the different groups and who visits the various industrial quarters daily to confer with the instructors and encourage the patients. The instructors are carefully selected for their patience and ability to teach. At present the patients employed under this division are grouped in the Industrial Building, in the overflow rooms fitted up in the basement of the Dormitory Building, in the garden at the rear of the Industrial Building and in the new workrooms on

the wards. The latter were instituted last year and are designed to provide supervised occupation for those unfitted to work with the larger classes.

The Industrial Building itself is far too small for the use of this division. The rooms which have been fitted up in the basement of the Dormitory Building are poorly lighted and ventilated and are so cramped and crowded as to permit of no further expansion in the way either of added occupations or an increased number of patients. Moreover, as much of the material used in the men's arts and crafts work is of a combustible nature, I feel that it ought not to be kept in any residence building. The need for a well-designed and well-equipped occupational therapy unit is most keenly felt, and I hope to be able to arrange for the construction of at least the first section of such a unit in conjunction with the half-mill tax program.

Dr. McMurray has submitted a detailed report of the work accomplished in this division during the past year, not including the activities of the ward workrooms, which are described under a separate head. I have summarized Dr. McMurray's report as follows:

The sections of the occupational therapy division are: Men's arts and crafts; women's arts and crafts; plain sewing; printing and bookbinding and patients' garden. The usual activities have taken place in the men's arts and crafts section. This group is housed in the rooms fitted up in the basement of the Dormitory Building, and all available space is utilized at the present time; in other words, we are working to full capacity. The articles made here include brooms, scrub brushes, rugs of all sizes and descriptions, door mats, toys, baskets, cement blocks and willow furniture, such as chairs and tables. Carpentry and various forms of repair work are also done here. The sections for women, comprising the women's arts and crafts and the plain sewing, are located on the second floor of the Industrial Building. All the machines have been in use during the past year and all available space is utilized to the utmost capacity. Various kinds of fancy work and weaving occupy those in the arts and crafts

group, while in the plain sewing section are made dresses, underclothing, sheets, pillow cases and other articles for hospital use. In the bookbinding and printing section on the first floor of the Industrial Building the patients' monthly magazine, *THE PSYCHOGRAM*, is gotten out, the various cards and forms used throughout the institution are ruled and printed, books for the medical and patients' libraries are rebound and repaired and a great deal of interesting activity is constantly in progress. The patients' garden is located on a plot of ground at the rear of the Industrial Building and is kept under intensive cultivation, the produce being supplied to the various kitchens of the institution.

During the past year we have had a number of very successful exhibits of occupational therapy work, held at the Morris County Fair, the Trenton State Fair, in the cities of Plainfield, Westfield and Elizabeth and in Jersey City at the Presbyterian Church, the Emery Methodist Episcopal Church and at the Lutheran Church. A very large exhibit was shown at the home of Mrs. Garrison, of the Board of Managers, and on the hospital grounds on Field Day there was not only a very complete exhibit, but in the tents erected for the occasion patients were to be seen making baskets, caning chairs and otherwise employed. We also placed an exhibit in Atlantic City at the annual meeting of the American Psychiatric Association. The purpose of these exhibits is to educate and interest the public in the work which is being carried on at this hospital, and in every instance they have been received with most encouraging enthusiasm.

Men's Arts and Crafts.

Brooms, regular	1,555
" toy.....	36
" whisk.....	182
" hearth.....	57
Broom handles salvaged and used.....	950
Chairs recaned.....	191
" repaired.....	11
Couches and settees recaned.....	14
Cement blocks made.....	1,450
Clocks and phonographs repaired.....	9

Cues retipped.....	75
Kindling wood for kitchens, barrels.....	75
Mats, cocoa fiber.....	83
" grass.....	12
Rugs, dyed rag.....	653
Runners, dyed rag.....	22
" "Perle".....	59
Scrub brushes.....	622
Reed, bird cages.....	5
" bed tray.....	1
" baskets, fancy.....	1,222
" ferneries.....	6
" hampers.....	17
" pedestals.....	19
" tables and stands.....	16
" wood baskets.....	15
Tables, hardwood.....	7
Toy house.....	1
Toys, animals, boats, wagons, etc.....	539
Willow, hampers.....	30
" dog and cat baskets.....	3
" scrap baskets.....	208
" wash baskets.....	36
" wall baskets.....	89
" miscellaneous baskets, etc.....	670
" book cases.....	2
" chairs.....	94
" chaises longues.....	11
" settees.....	3
" sewing stands.....	5
" tables.....	10
Total.....	9,065

About 110,000 lbs. of waste paper were gathered and baled.
Five acres of willows were cultivated, cut, stripped and stored.
General carpentry.

Women's Arts and Crafts.

Fancy articles.....	1,318
Articles of raffia.....	103
Lace and tatting, yards.....	256½

Plain Sewing.

Aprons, kitchen.....	1,512
Bags, coffee.....	105
" laundry.....	658
" milk straining.....	1,264
" ward.....	540
Bloomers.....	36
Blouses.....	36
Burial suits (4 pieces each).....	125
Chemises.....	2,728
Curtains.....	171
Dental masks.....	60
Draw sheets.....	1,796
Drawers.....	1,980
Ether stockings.....	26
Night shirts.....	372
Night gowns.....	1,872
Operating gowns and suits.....	170
Petticoats, gingham.....	3,852
" canton flannel.....	1,116
" outing flannel.....	3,208
Pillow cases.....	4,484
Sanitary napkins.....	594
Sheets, single.....	9,232
" double.....	246
Strong dresses.....	74
Table cloths.....	188
Towels, barber.....	938
" dish.....	1,260
" hand.....	4,687
" roller.....	564
Unclassified articles.....	382
Total.....	53,276

Printing and Bookbinding.

In this section printing impressions were made to the number of 850,030 and ruling impressions to the number of 563,700. There were 3,967 binding jobs done and 800 forms were put up in scratch pads.

Patients' Garden.

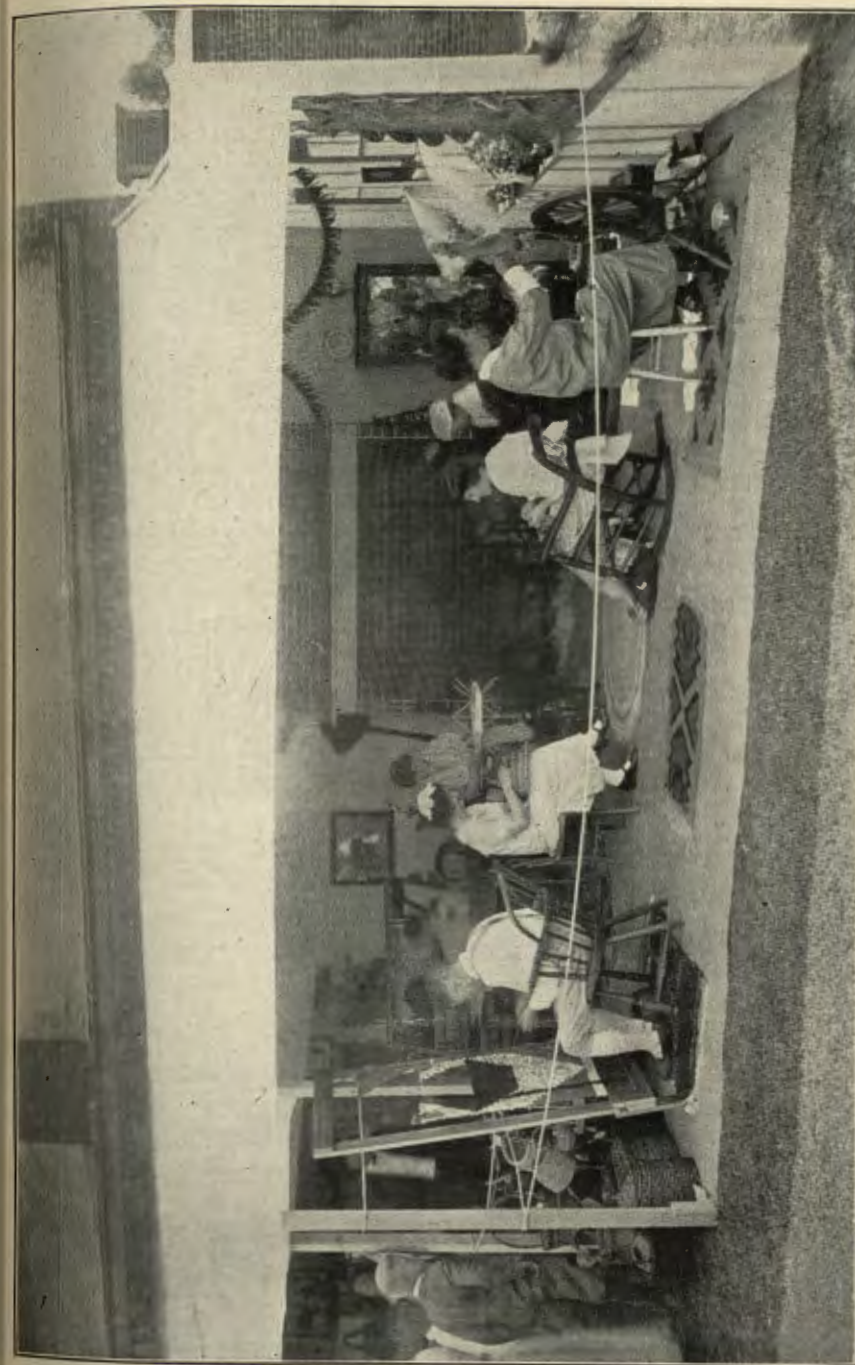
The produce raised in this garden consisted chiefly of berries and green vegetables delivered to the various kitchens. A certain amount of ensilage corn was also raised, as well as seed for the 1924 crops.

CURATIVE WORKROOMS.

That section of the Occupational Therapy Division which offers specialized instruction on the wards for those patients not in suitable condition to be sent to the Industrial Building or to work in large groups is under the direction of Miss Rebecca A. Adams, who is very successful in dealing with her extremely difficult problems. Miss Adams has submitted the following report of the year's work:

On July 1, 1923, this branch of the Occupational Therapy Division consisted of one curative workroom on ward 3-3 South, Main Building, conducted for women patients. During the year, three new workrooms have been well equipped and put into constant use, while the force of instructors has been raised from one to eight. As a first step toward expansion, two occupational therapists were assigned respectively to the men's and women's wards of the Clinic Building, where they devoted certain hours each day to turning the living rooms into temporary workshops for basketry, weaving, rug making, and so on. A trial of four months proved this plan unsatisfactory and resulted in the equipping and opening of two curative workrooms in the basement. As these rooms were designed for this purpose when the Clinic Building was planned, they were more suitable than might be expected from their location.

As soon after admission to the hospital as the patient's condition permits, the physician in charge fills out a form prescribing directed occupation and giving suggestions as to results desired. These prescriptions the director of curative workrooms examines and turns over to the instructor in charge of the individual workroom to which the patient is assigned. He is then brought regularly to classes. Upon the transference of the patient to another building, the prescription and records are simultaneously



WARD OCCUPATION-THERAPY (FIELD DAY EXHIBIT)

transferred to the files of the workrooms to which he will in future be assigned.

In November, a well-trained occupational therapist was secured to form classes in the women's day room of the Dormitory Building. After five months' trial, this plan was pronounced undesirable and a small dormitory on the third floor was fitted for the work. Painstaking training and supervision have enabled many of these long-resident patients to develop sufficient concentration and skill, so that they may be sent regularly to the laundry or Industrial Building. At the present time, a glass summer house, measuring 20 x 36 feet and delightfully situated on high land, is being screened to serve as a commodious summer workshop for this group of women until the weather turns cold.

Painters and carpenters are also at work upon the parlor of 3-3 North, duplicating the room which was originally opened a year and a half ago on the south side. This will help, as it does there, to provide directed occupation for patients left upon the wards after the present inadequate quarters of the industrial shops are filled to capacity.

In the daily programs of these four rooms, carrying an enrollment of 350 patients, opportunity has been provided to test results which can be reasonably attributed, in part at least, to directed occupation with three types of mental cases—acute manic, acute depressed, and deteriorated. For the first two types it has served to provide an outlet which developed spontaneous interest and pleasure; and with the last type it has meant that by dove-tailing the occupational therapy schedule with that of the Division of Physical Education, full active days could be provided for patients who worked well under supervision, but sank to a low level when left upon the wards.

During May and June a course of twelve lessons in the history, theory and practice of occupational therapy was given for the first time to student nurses. Demonstrations of handicrafts were arranged with a view to future needs in the career of women planning to do mental nursing.

DIVISION OF PHYSICAL EDUCATION.

This branch of hospital therapeutics was organized seventeen months ago for the purpose of providing with supervised physical exercise those patients lacking in initiative or inclined to the monotonous repetition of stereotype movements. Up to the present time, the work of the division has been confined to the women patients, since they as a rule show less spontaneous interest in exercise, and since fewer outdoor occupations are open to them. Miss Edith S. Moodie, as Director, deserves great credit for her patience and persistence in organizing and conducting the work of this obviously difficult field. At the beginning of the current year, she was alone in the division; but she now has four assistants, all graduates of reputable schools of physical education. From the beginning the work has been somewhat handicapped because, owing to the lack of a sufficient force of women attendants, it has usually been impossible to spare any one from the wards to conduct patients to and from classes, so this has to be done by the physical training instructor with a consequent waste of time and energy. Miss Moodie has submitted to me a detailed report of the results accomplished during the past year, which I have summarized as follows:

The activities of the Division of Physical Education are varied in scope, consisting of classes, dancing, ward games, bowling, singing and stories; and picnics, parties and entertainments. Classes are usually conducted in the amusement halls of the Main and Dormitory Buildings and in a basement room of the Clinic Building, although variety is given by taking the more quiet groups out of doors in suitable weather. In the Main Building, classes are offered in advanced, intermediate and elementary physical training; in the Dormitory and Clinic Buildings, only elementary classes are held at present. A folk dance class meets tri-weekly and is much enjoyed; since early March, instruction in social dancing—the waltz and fox-trot—has been offered for patients unable to dance. Games and ball play on the wards are continually emphasized, the instructors visiting all the women's wards and the exercise yard and lawns. Some

patients can participate only in the purely mechanical acts of throwing and receiving a ball; others who are more social-minded will join in a simple game with or without a ball. The work has proved to be of much value in stimulating the patients to activity, and many who are now among the most interested and faithful attendants at classes were first aroused by ball playing offered on the wards. Bowling instruction is given once a week, the class being attended chiefly by patients from the Dormitory Building, since the distance of the alleys makes it difficult to arrange escort for the patients from the Main and Clinic Buildings. Community singing and story-telling have proven of much interest to the patients in all buildings and are valuable in stimulating the powers of attention and in diverting the thoughts from morbid and introspective channels; even the old ladies enjoy the stories and find the singing a form of activity which they can share.

Every class has a party once a month. Those in the Main Building are restricted to class members; but in the Clinic and Dormitory Buildings the invitation is extended to all women. The advanced class often has its function in the form of a picnic, which is thoroughly enjoyed. Twice during the year open entertainments have been held, with invitations extended both to men and women patients and to hospital officials. At these entertainments exhibitions of the various activities of the division are given and refreshments are served. A group of ladies from Plainfield and Westfield have been most kind, showing their interest in the work by frequent visits, participation in the parties with music and readings, and the contribution of all kinds of gifts, including cakes, candies and a portable victrola with records.

The following tabulation indicates the attendance for the year at the various activities:

<i>Building</i>	<i>Classes</i>	<i>Ward Games</i>	<i>Parties</i>	<i>Singing</i>	<i>Stories</i>	<i>Total</i>
Main.....	21,467	47,227	2,353	4,165	5,374	80,586
Clinic.....	4,396	5,588	871	1,428	2,324	14,607
Dormitory.....	6,412	34,054	1,284	2,432	4,734	48,916
Total.....	32,275	86,869	4,508	8,025	12,432	144,109

HYDROTHERAPY.

Hydrotherapeutic treatments are given by nurses with special training, at the Clinic Building and at the Main Building. Fourteen tubs for continuous baths are now available and are in constant use except in occasional periods of drought when our water supply is inadequate. The spray, douche and needle baths, in conjunction with hot cabinets and massage, prove valuable in treating depressed, and neurotic conditions, as well as those due to alcohol or drug addiction. Bubble baths are used with beneficial results where patients are suffering from abnormally high or abnormally low blood pressure.

SOCIAL SERVICE DIVISION.

Although the Social Service Division has been operating only eighteen months, its value has been amply demonstrated. Since adequate supervision and after-care were made possible, we have been able to increase the number of patients outside the institution on trial visit by about two hundred. With the cost of maintaining a patient in the hospital computed at about one dollar per day, the yearly saving to the State by an average of two hundred patients on visit, reaches the very considerable sum of \$73,000. The indirect saving effected by enabling these patients to obtain positions and contribute to the support of their otherwise dependent families cannot be estimated with any accuracy. In addition to follow-up work, the Social Service Division aids the physicians by obtaining valuable data regarding the environmental conditions and pre-admission histories of new patients. The work has been organized and directed from the beginning by Miss Mildred H. Hurley, who is energetic, a good executive, and understands thoroughly the requirements of her profession. Miss Hurley has submitted the following report:

There have been changes in the personnel of the Social Service staff since the last annual report. The one assistant resigned on October 1, 1923, and the following month three trained psychiatric social workers were appointed. Because there has been a continuous increase in the numbers on trial visit from

the hospital during the past year, necessitating correspondingly increased amount of work in addition to the other duties assigned to the division, relative to the medical department of the institution, it may be readily seen that the staff of workers is still insufficient to accomplish the elaborate program already formulated.

During the past year, 1,330 visits were made for the following purposes: To and in regard to the welfare of patients on visit from the hospital; in obtaining 506 histories for the medical staff; in obtaining medical and material assistance for 20 families and individuals; and in making 26 special investigations, 4 of which resulted in the release of 4 patients from the hospital. Two of these investigations were requested by government agencies, and the remainder pertained to the justice or injustice of the commitment of certain patients to the institution or to information for assisting in a differential diagnosis.

Twenty-two persons, 17 of whom were referred by social agencies, state and county officials, were given psychometric examinations by the trained psychologists of the Division. There were 367 office interviews with relatives regarding the welfare of both hospital and "paroled" patients. The Division officiated in the transfer of 3 patients to another institution, and was also instrumental in interesting relatives in the welfare of several patients, apparently neglected by their families.

Staff meetings have been attended as regularly as possible, and various conferences relating to mental hygiene and social service have been attended by the workers.

The Social Service Staff is deeply grateful for the cooperation rendered by officials, as well as private individuals, throughout the State, and is also appreciative of the ready assistance always given by the social agencies, particularly those of the hospital district.

TRAINING SCHOOL FOR ATTENDANTS.

The nurses and attendants throughout the institution and the newly organized Training School have been under the direction of Miss Mary B. Moylan, R. N., Superintendent of Nurses. Few positions in institutional work, under present labor conditions,

offer difficulties comparable with those entailed in the obtaining and maintaining of a competent and adequate force for the ward care of the patients. To the inexperienced seeker of employment, any other form of work seems preferable to one which necessitates direct and constant contact with the insane. On the other hand, the experienced attendant with higher qualifications is only occasionally found applying for a position, as the better grade usually remain more or less permanently attached. Even in the ranks of graduate nurses it is not easy to find women with the requisite temperament, personality and interest for the best type of psychiatric work, while men with these qualities are practically non-existent. Miss Moylan is constantly endeavoring to raise the standards of efficiency and improve the personnel throughout the nursing service, and is doing excellent work under trying conditions. Her report for the year runs in part as follows:

The work of the Training School has progressed steadily. An affiliation has been established with Bellevue Hospital, and on January 1, 1925, the class of four students will go there for eleven months' training, which will be spent as follows: Obstetrics, three months; pediatrics, three months; medicine, two months; surgery, two months; and operating room, one month. In October an arrangement was made with the College of Saint Elizabeth at Convent, N. J., for the members of the Training School who were deficient in certain high school subjects to attend classes at that institution. At the end of the second semester they took the examinations and were given credits for the work accomplished. The Dean of the College and the faculty were very kind in extending to our pupils the advantages of musicales and lectures enjoyed by their own students. Our Training School has been accredited and its graduates will be eligible for the registration examinations.

During the year one student was dropped from the school because of incipient tuberculosis. One student was granted a leave of absence of three months because of poor health. Five were dropped for inefficiency.

The turnover in graduate nurses is rather greater than one would desire. Three were discharged for inefficiency; three resigned and later were reinstated; eighteen resigned, some to take other positions and one to be married. At the close of the year we have twenty-one graduate nurses employed—nineteen women and two men.

Housing of attendants, especially men, still presents a problem. At the present time there are a number of male attendants rooming on the wards in the Main Building. This is undesirable for many reasons, not only because the rooms are needed for patients, but also because men who work all day with the insane should not be obliged to live on the wards when off duty. In the Male Nurses' Cottage, two men are assigned to each room, which is a cause of dissatisfaction, as the present trend is toward single rooms; and owing to the general lack of quarters for employees, it is necessary for several clerks and others not assigned to ward duty to live in this cottage.

Further plans for the nursing force include an affiliation with general hospitals in order to give their senior student nurses a three months' course in mental nursing. Each day the demand for well-trained nurses for mental diseases becomes more pressing; not only do we meet with conditions requiring mental nursing in the special hospitals for mental diseases and in the community, but in general hospitals, in industrial work, and in schools where nurses skilled in mental hygiene are valuable in the field of preventive medicine. We should like also to develop a six months' course for graduates of recognized schools. In establishing such courses, however, the question of housing again presents problems.

STAFF MATTERS.

With the increase of living quarters provided by the remodeled apartments in the Main Building Centre, we have been able to add to the staff of physicians, although our quota is still low for the number of patients. During the year seven physicians have been appointed to the staff, two have resigned and one is now carried on sick leave. Of the men appointed, four are

married and three are single. At present the active staff consists of eighteen physicians, which include one superintendent, one clinical director, one pathologist, and one senior assistant who devotes his entire time to the X-ray work; leaving fourteen for ward duty; of these, one senior assistant has charge of the occupational therapy and amusement work in addition to general supervision of twenty wards of the Main Building; one senior assistant has charge of the surgical division for the entire hospital, beside an acute reception service; and one assistant physician is specializing in eye, ear, nose and throat work, in addition to ward duty; actually, only eleven men are devoting their entire time to routine ward work, covering the care of more than 3,300 patients.

Housing arrangements for the medical staff are now in a more satisfactory state than for many years past. The superintendent, clinical director, pathologist, and the three senior assistants who have families are living in cottages. The other physicians are provided with suites consisting of two or three rooms and a bath. The cottages all have their own dining rooms and kitchen; the other three buildings where physicians live each have a staff dining room and kitchen.

In the course of the year, various members of the staff have visited different institutions in this vicinity. Two inspection trips were made in the winter by the superintendent, the clinical director, and Dr. Knight, of the Board of Managers; one of these trips was to Allentown, Pa., to visit the State Homœopathic Hospital; the other included visits to the State Hospital at Howard, R. I.; the State Hospital at Foxborough, Mass., and the Boston Psychopathic Hospital. The purpose was to obtain data and ideas regarding recent buildings as an aid to planning for the construction program at this hospital.

The annual meeting of the American Psychiatric Association was held in Atlantic City, at the Marlborough-Blenheim Hotel, June 3rd-6th. Your superintendent was appointed Chairman of the Committee on Arrangements for this meeting and named on his committee, among others, Dr. Lane and Dr. McMurray, of

this hospital. Dr. McMurray also was placed in charge of the occupational therapy exhibits held in connection with the meeting. Besides these members of the staff who were necessarily in attendance, Drs. Christian, Thomas and Stamp were present, as well as several members of the Board of Managers. The annual meeting of the New Jersey State Medical Society likewise was held at Atlantic City, the dates overlapping those of the Psychiatric Association. Dr. Hampton was a delegate to this meeting, and most members of the staff who were at the Psychiatric Association meeting also registered at the State Society. Various other medical meetings in Northern New Jersey and in New York have been attended by different representatives of the hospital staff during the year; and the annual meeting of the Morris County Medical Society was held at this institution in September, as has been the custom for several years.

PHARMACEUTICAL DIVISION.

For more than twenty years the hospital Drug Room has been under the direction of Mr. A. S. Truex, a licensed pharmacist and exceptionally systematic and accurate in his work. Near the close of last year an assistant was obtained—Mr. Philip B. Roberts, graduate pharmacist, who has proved energetic and efficient. On June 1st of this year a student clerk was added to the pharmaceutical personnel to help with minor details. The Drug Room is located in the Main Building Centre; there is a small dispensary in the Dormitory Building, supplied from the Drug Room stock; the prescriptions and medical and surgical supplies for all the wards of the Clinic Building and the Main Building are made up in the Drug Room and sent out twice daily. Mr. Truex has submitted the following report of the year's activities:

Since the opening of the Clinic Building the output of the Drug Room has more than doubled. With the larger number of physicians, the number of prescriptions has increased over two hundred per month, with renewals in like proportion. Also, since the opening of the operating rooms in the Clinic Building, the surgical supplies requisitioned have increased over 75 per cent. The increase in other work is proportional—the manu-

facturing of pharmaceuticals and galenicals, the ordering and receiving of new stock, and the clerical work incident thereto. Two new stock rooms have been added to the one previously used in order to provide for the larger quantities of supplies required.

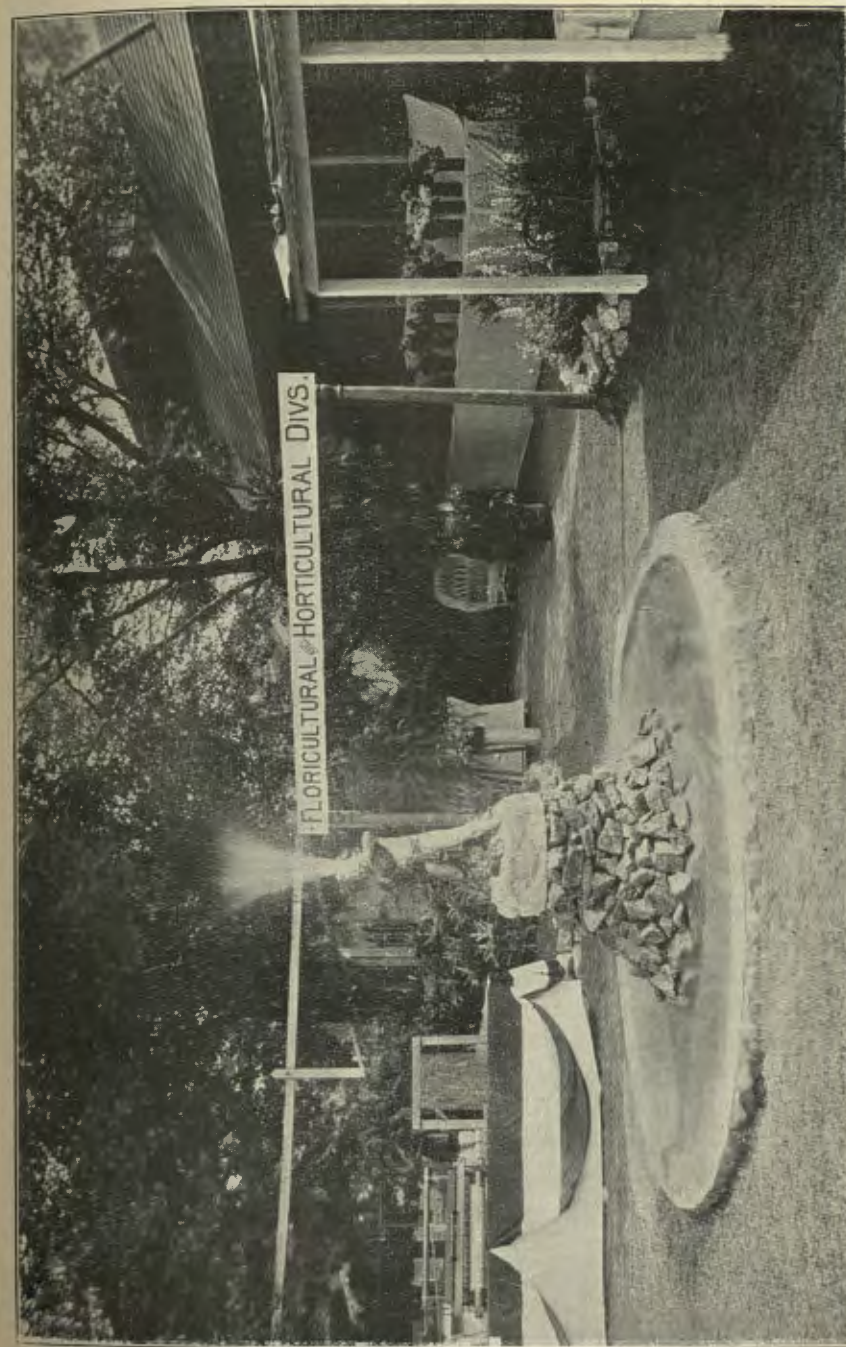
This year for the first time instruction in pharmacy has been given to student nurses by one of the druggists. The course consists of lectures on the use and abuse of drugs, demonstrations of their manufacture, and practical work. For the past three months three hours a week have been devoted to this subject, Mr. Roberts acting as instructor.

PHOTOGRAPHY.

In the hospital studio, two identifying photographs are made of each patient soon after admission; these photographs, suitably mounted, are kept on file in the case record. If a patient is subject to deportation, other photographs are made according to Federal specifications. In addition to this routine work, the hospital photographer takes pictures for the use of hospital officials of the new buildings in process of construction and prepares views showing various conditions and activities which are of local or educational interest. For several years Mr. Frederick C. Wainwright has been in charge of this work and has also seen to the selection and transportation of films and operated the machine for motion picture entertainments.

LANDSCAPE GARDENING AND GREENHOUSES.

Probably no single feature of an institution impresses visitors more strongly than does the condition of the lawns, flower grounds and flower beds; and in the case of a hospital of this type, the surroundings are doubly important as the grounds are constantly used by patients for rest and recreation. Mr. Otto Koch, landscape gardener and florist, has supervision of the extensive work of upkeep, and in addition has been in charge of the grading around the new cottages. All varieties of work from the propagation of flowers to installation of drain pipes are accomplished by patient labor. More than fifty acres of lawns, includ-



CORNER IN FIELD DAY EXHIBIT.

ing the athletic field and golf course, are kept smoothly clipped; trees and shrubbery are trimmed, and numerous flower beds are filled with blooming plants each season.

The work of grading around the new cottages has been continued; the lawns surrounding the Voorhees and Knight cottages were reseeded in the spring and are now in excellent condition; grading and resurfacing of sloping land near the entrance to the main hospital grounds have been carried on, with construction of terraces to permit of proper drainage and road construction. Nearly 9,000 yards of soil removed in the grading around the Clinic Building have been utilized here, and the work is not yet completed. Tile pipe have been laid for drainage and a large catch basin constructed. Stone from the hospital crusher has been used in the construction of the extensive driveways demanded by the location of the cottages.

The greenhouses have afforded a constant supply of plants and cut flowers throughout the year for the entire institution, notwithstanding the increasing demands caused by the greater number of buildings. Floral decorations have been provided for chapel services and special occasions. The greenhouses have been kept in repair, painted inside and out, and supplied with new flower benches. A complete list of the flowers raised is included in the statistical appendix.

RECREATION, AMUSEMENTS AND SPORTS.

As in previous years, a great deal of attention has been devoted to providing the patients with recreation and sports; as we find that any stimulus which arouses the dreamy individual and brings him into contact with reality is of distinct benefit, while the active and restless patient finds relief in amusements requiring muscular exertion. Dr. George B. McMurray, senior assistant physician, has been in charge of this Division and has kept up a close correlation between recreation and occupational therapy, endeavoring to organize the activities systematically in order that the patients might receive the greatest amount of pleasure and also the highest therapeutic advantages.

Baseball was popular with the patients. The team representing the hospital played on the local diamond against teams from nearby cities, on Saturdays, holidays and on occasional Wednesdays during June, July, August and September. There are no more loyal baseball fans than are found in an institution of this character; they become interested in the game and for the time being forget their obsessions, delusions and worries. We also organized a baseball league composed of teams representing different wards and divisions. These nines were made up of patients. They were well supplied with baseball equipment, and prizes were offered for the best batsman and the best fielder in the league. Many games were played and the results were most gratifying. The league brings into the active game patients who love baseball; and along with such enjoyment they obtain physical training and exercise which is of great benefit.

The athletic field and cinder track were especially popular with the men patients. During exercise they were closely supervised at all times and were instructed by a capable athletic trainer, in running, jumping, hurdling and field sports. This form of training improves the physical condition of the patient and also relieves the mental symptoms, particularly for those who are characteristically indifferent and lacking in initiative.

The Annual Field Day was held on September 15th. An elaborate program of track and field sports, calisthenics and games was given, with prizes for all patients taking part. At one side of the athletic field an unusually elaborate occupational therapy exhibit was arranged. Several thousand spectators were present, including friends and relatives of the patients and friends of the hospital.

Golf, tennis and croquet all find devotees among the patients throughout the season. When the weather does not admit of outdoor sports, bowling, billiards and pool offer diversions. Musical entertainments are popular the year round. Four new pianos have been added to the hospital equipment, two being placed in the Clinic Building and two in the Main Building. Several new victrolas have also been obtained this year; two are

used in the occupational therapy division, one in the Clinic Building, one on the disturbed wards of the Main Building, and one at the Dormitory Building to provide music for marching to and from the dining hall. We are gradually adding radio equipment to the different wards, three sets having been installed to date. Radio brings these patients confined in an institution into close contact with the outside world, stimulates interest in current events, brings out dormant ideas and promotes conversation. All the big sporting events, conventions, banquets and special programs, find an attentive audience on our wards.

Numerous entertainments have been given for the patients during the year, many of them arranged through the kindness of Mrs. Philip McKim Garrison of the Board of Managers. In November Mrs. Ray Dennis gave a delightful song recital. Later in the same month, the Jersey City Police Glee Club furnished a very successful concert. In January a prize dance was held, patients being the contestants; first and second prizes were given for those couples best in the modern dances and for those best in the old-time dances; this innovation was greatly enjoyed. In March the patients were entertained by a sleight-of-hand performance given by the magician, Max Theil of Elizabeth. In April the West Orange Knights of Columbus produced the play, "Come Out of the Kitchen," before an appreciative audience of patients. In May, an orchestra of sixty-five students from the Battin High School, of Elizabeth, gave us a most entertaining concert; and in June, the Band of the Morristown Elks came up to play for the patients. From time to time during the year "Songfests" have been held on the different wards under the leadership of Mr. H. Stanley Haskings, of Orange. Mr. Haskings has been most kind in volunteering to give up the time from business in New York and come out to the hospital for the purpose of doing this good work. Patients occasionally arrange parties and entertainments on the various wards, and on Hallowe'en an elaborate and very successful costume affair was given in the amusement hall of the Main Building.

At Christmas time we had our usual celebration, which was quite as successful as on former occasions. Every patient was the recipient of a gift and special treats of candy, fruit and tobacco were provided, as well as a dinner suited to the occasion. The Christmas presents were made possible through the generous responses of the hundreds of people in the outside world who are interested in the patients and in these festivities, and also through the unselfish labor of the many hospital employees who are called upon to organize and arrange for the distribution of Christmas cheer on such a vast scale.

During the year the regular dances have been continued as heretofore. On Monday afternoon the patients' dance is held in the amusement hall of the Main Building; every other Friday evening a combination motion picture show and dance is given in the amusement hall of the Dormitory Building. Dancing is often utilized in connection with concerts and other entertainments to afford variety and relieve any restlessness.

MUSIC.

In this institution, music is so closely related to amusement and recreation in general that it can hardly be treated as a separate subject. The hospital orchestra, composed of employees, plays for all dances, assists at song recitals and gives occasional concerts on the lawns. Most of the wards are provided either with a piano or a victrola; many of the patients are fine musicians and others less skilled enjoy listening or joining in the community singing. The chapel is furnished with a pipe organ, which, with the assistance of the orchestra, insures appropriate music for all religious services.

RELIGIOUS SERVICES.

Every effort is made to provide a wide range of religious worship, since our patients are of many denominations. Mass is said in the hospital chapel once each week by the Roman Catholic priest of Morris Plains; and he also is on call to administer sacraments or perform any other service for the Catholic patients. Protestant services are held on Sunday afternoon by clergymen



HOSPITAL CHRISTMAS TREE.

of the vicinity; the Methodist, Baptist, Presbyterian and Episcopalian acting in rotation. Hebrew services are conducted by a rabbi of Morristown. In addition to the meetings held in the chapel, priests, pastors and religious workers frequently visit individual patients on the wards. A number of the more quiet patients are permitted to attend church at Morris Plains.

WAR RISK PATIENTS.

Statistics for the ex-service patients in the hospital may be tabulated as follows:

On record June 30, 1923.....	98	
Admitted during year.....	31	
	—	
Total under treatment during year		129
Discharged during year:		
Recovered.....	6	
Improved.....	8	
Unimproved	2	
Without psychosis.....	6	
Transferred	6	
Died	2	
	—	
Total discharged during year		26
		—
Remaining on records June 30, 1924.....		103

The status of the patients on records at present is as follows:

Claim allowed.....	50	
Claim allowed, but not taken over as Bureau charge.....	17	
Pending	23	
Claim disallowed.....	13	
	—	
Total.....		103

Of the ex-service patients on our records, 90 are actually in the institution, and 13 are outside, but not discharged. Of the six patients listed as transferred, one was transferred to Hudson County Hospital and five were transferred to United States Veterans' Hospital No. 81, Bronx, New York City.

I am still convinced that a state institution is not the most suitable place for ex-service men suffering from mental disorders. In this hospital the ratio of such patients to the hospital population as a whole is about one in thirty-three, which is too small a group for complete segregation and too large for ready assimilation. We maintain these men on a separate ward, so far as their condition will permit, and allow them as many privileges as is consistent with hospital discipline; but the entire arrangement is unsatisfactory in many respects. Also, the clerical demands of the Veterans' Bureau and the various organizations interested in these patients are not easily met; and since they are entirely different from those in the cases of the other 3,000 patients in the institution, a disturbing element is injected into the routine of record keeping. All of this friction is due to the fact that these patients constitute a small group which, because of special requirements, is not in harmony with the bulk of the hospital population. If all veterans were maintained in separate institutions of their own, a burden would be taken from the state hospitals, and the ex-service patients themselves would be better satisfied.

SUGGESTIONS FOR THE RELIEF OF OVER-CROWDED CONDITION.

Every year a number of patients belonging to the senile and cerebral arteriosclerosis groups are admitted to the hospital and, after becoming adjusted to institutional routine, settle down to a condition of dotage. Except for looking after their physical health, nothing can be done for these patients; and it seems to me that they are somewhat out of place in an institution having as its aim the cure or relief of mental disorders. Trained psychiatrists and psychiatric nurses are unnecessary, and all the various forms of therapy serve no purpose with patients of this class. In addition, if assigned to wards with any more active or disturbed patients, these elderly people are very likely to sustain physical injuries, possibly fractures, since they are not only unable to protect themselves, but also are inclined to cause

much irritation by their tendency to interfere with the belongings or occupations of others. Since patients of this type require only custodial care, I believe that they could be maintained much more inexpensively, as well as with more comfort to themselves, if kept in a separate institution where the entire overhead cost was arranged on the custodial rather than the curative basis. By their removal from the state hospital, space would be released for patients whose condition permitted of amelioration through treatment.

Another group of patients constitutes a problem for which we have found no satisfactory solution; that is, the type whose mental condition under hospital treatment becomes arrested at a level somewhat below normal and yet sufficiently high to permit of their living at home under supervision, perhaps even holding some unexacting position, and yet whose relatives absolutely refuse to remove them from the institution without a certification from the superintendent that they are recovered and will never cause any trouble again. Through the Social Service Division, we are trying to make some adjustment with the families of patients of this type; but in many cases the relatives cannot be persuaded to cooperate, and the patients perforce remain in the institution, since their mental condition is not such that we can discharge them on their own recognizance.

FIRE PROTECTION AND FIRES.

In no other place is the fire hazard an object of more concern than in an institution for the care of those suffering from mental diseases. Owing to our overcrowded condition and the chronic lack of a full quota of ward employees, it is necessary for us to utilize every possible precaution. During the year, electric lighting fixtures with red bulbs have been placed on the wards of the Main and Dormitory Buildings, indicating exits leading to fire escapes. In the attic of the Dormitory Building, fire walls constructed of concrete blocks with metal-covered doors have been placed; stand-pipes and hose connections also have been installed in this attic.

With money appropriated for the purpose, an Ahrens-Fox pumping engine capable of delivering 750 gallons of water per minute has been purchased and was received in February. Since the new buildings were erected along the Centre Drive, at a much greater distance from the firehouse than those of the old group, it has become unsafe to rely upon horse-drawn apparatus. An appropriation has been made for a motorized hook and ladder truck, which can be purchased after July 1st. This will be a valuable addition to the mechanical equipment necessary for up-to-date fire fighting.

Besides various unimportant grass and forest fires on the hospital property during the year, we have had three fires on the wards. Early in the evening of January 9th an alarm was sent in from the wards of the first floor, South Side, Dormitory Building. Quick discovery, promptness in sounding the alarm and speedy response to the call, prevented the flames from gaining headway. Examination showed that the fire resulted from defective wiring; the damage was confined to a door, door-frame and transom. At 11:30 P. M. of January 11th a fire was reported from the third floor, South Side, Dormitory Building. The fire, located in a clothes room connected with Dormitory 5, was under control when the firemen arrived, the nurses having utilized the line of hose connected with a stand-pipe in the corridor. Apparently the fire started in or behind a bureau in a corner of the clothes room; the bureau was partially burned, as well as some clothing hanging above it. The following night at 12:25 A. M. an alarm was sent in from the same box; this time the fire was located in another clothes room connected with the same dormitory. The nurses again acted promptly and effectively and the firemen arrived in time to complete the extinction of the flames. As far as could be ascertained, the fire started in a quantity of clothing on the floor. The causes of these two fires in the clothes rooms have not been absolutely determined.

As a result of our experiences this year, I am more than ever convinced that accessible stand-pipes and hose racks are of the

highest value in combating ward fires. Immediate action upon the discovery of a small blaze means a saving too great to be considered as at all comparable with the small difficulties and annoyances occasionally experienced with the hose coils and racks on the wards.

NEW BUILDINGS AND IMPROVEMENTS.

An addition to the storehouse, effected by raising the roof and increasing the height of the building from two stories to three, was begun on July 26, 1923, and completed on November 20, 1923. This enlargement of capacity was made necessary by the increasing amount of stock commodities which are cared for in this building, and was provided for by an appropriation for the purpose.

During July and August screens were installed in the Clinic Building and in the various cottages of the housing group. The work was rushed as rapidly as possible after the special appropriation for the purpose became available, since all the buildings were occupied and flies and other insects were extremely annoying if not an actual menace to health.

Alterations of the third, fourth and fifth floors of the Main Building Centre were made under contract according to plans and specifications drawn by the Division of Architecture. Work was begun on September 4, 1923, and completed on May 3, 1924. The original rooms were of large size and so arranged that each floor could be comfortably occupied only by a single family or by persons of one sex. By careful subdivision of the space, the cutting of two more windows on the fifth floor, and the addition of numerous bathrooms, lavatories and toilets, the three floors have been made suitable quarters for a greatly increased number of people. On the fifth floor eighteen single rooms are provided; on the fourth floor are six suites of two rooms and bath, opening into a central hall which can be used as a common sitting room; on the third floor the arrangements are the same, except that there are only five suites, the remaining space being assigned for dining room and pantry use. To provide for those

members of the staff and their families who are living on the third and fourth floors while alterations were in progress, a dining room and pantry were fitted up on the first floor in what had formerly been a sitting room for laundry employees.

Work on the completion of the sewage disposal plant was begun November 15, 1923. When the weather became freezing it was necessary to discontinue operations, but they were resumed this spring and are now in progress. A septic tank has been constructed, and contact and sand filter beds are now being made. We expect that this new plant will be in operation before winter.

The construction of a new boiler plant was begun on April 27, 1924. First, Boiler Plant No. 1 had to be rebricked so that it could be used while the work was in progress. Then Boiler Plant No 2, including the stack, had to be torn down to grade level. A new building of steel and brick construction is now being erected and the work being pushed rapidly forward, to insure completion before the coming of cold weather. This plant is to be supplied with four 430 horse-power B. & W. boilers, traveling grate stokers, coal and ash handling equipment, skip hoist, coal bunkers and ash hoppers.

The work on the women's wing of the Congregate Dining Hall for patients of the Main Building was begun last year (May 28, 1923,) and has been continued throughout this fiscal year. The structure is now nearing completion, and we hope soon to have it furnished and ready for use. This section of the dining hall was built under a special appropriation for the purpose; the continuation of the building is being made through the half-mill tax receipts. The excavation for the men's wing of the dining hall was begun on April 8, 1924, and the steel framework is now being erected. When completed the building will include also a kitchen of the size and equipment required for feeding 2,000 people.

For several years the work of installing shower baths throughout the wards of the Main Building has been continued, small appropriations for the work being made from year to year. This

season the work was begun on May 5, 1924, and is now in progress. The sixteen wards on the North Side, exclusive of the "sections," are provided with shower baths, and with the appropriation now available the installation of similar equipment is being started on the South Side; additional funds will be requested until the work is completed.

WATER SUPPLY.

In an institution of this type, a water supply is necessary sufficient not only for drinking and cleansing purposes, for the laundry, for cattle and other stock, and for use in the gardens and greenhouses, but also for the hydrotherapeutic rooms and continuous baths. The value of these various treatments by water is so well established that the physicians find themselves seriously handicapped when a shortage of the reservoir supply makes it necessary to close the baths temporarily, since in certain types of mental disorder the continuous baths in particular are not merely beneficial to health, but may actually be a means of saving life. All of the new buildings now under construction or in prospect will increase the demands upon the water supply, but the new reception building with its hydro rooms and numerous continuous baths will draw most heavily. Finally, it is absolutely essential for us always to maintain a sufficient water reserve for use in case of fire.

All of the water of our present supply has its origin from springs on the hospital property. A mountain spring furnishes water for drinking purposes and is piped by a separate line to one of the buildings, where it is bottled and sent out for distribution throughout the institution. Although the flow diminishes during the dryest periods, it has always been sufficient to supply the quantity needed. The water for general use is collected in five reservoirs of various capacities. The greater quantity is obtained in the valley above the ice pond, where over two miles of underdrains were laid, connecting springs with lines of tile pipe through which water is delivered direct to the reservoir above the ice pond. Our present supply is adequate only when

the rainfall is fairly abundant and the springs are flowing freely. During the drought of last fall it was necessary not only to close the continuous baths, but also to limit the amounts used for cleansing purposes by issuing water conservation orders to all departments of the institution. Even with these precautions, the pressure was so far reduced that a serious fire could not possibly have been controlled. In order to provide for present needs and to insure a supply adequate to future demands, a decided increase in the available amount of water is imperative. This is one of the most serious problems which will receive consideration when the funds from the half-mill tax become available.

BUSINESS DEPARTMENT.

The work of the Business Department has been continued, as for many years past, under the able direction of Mr. O. M. Bowen, Warden, with Mr. E. I. Coursen as Assistant Warden and Mr. A. J. Van Winkle as Chief Clerk. With the growth of the institution and the erection and furnishing of new buildings, the work devolving upon this department is increasingly heavy. Not only is the accounting and office detail greatly enlarged, but the carpenters, plumbers and other mechanics are constantly called upon for the various conveniences and readjustments needed, the demands for repairs become more frequent, and a general reorganization is required. Mr. Bowen has submitted a lengthy report of the work done and the more pressing needs in his department; for the sake of brevity, I have summarized the different topics treated and have incorporated the various requirements under the general heading of Recommendations.

Laundry.

With the growing population of the institution, the work of the laundry is steadily increasing. During the year, two new press machines were set up and two washers installed. The equipment is still far from adequate for the needs of this very important industry.

Mechanical Division.

Under this heading are included the heating, power and electric lighting plants, the machine shop, the plumbing, carpentry, tinning, painting, upholstery, blacksmithing and masonry work of the institution. These various branches cannot be given due credit for the value of the volume of work done, since space does not permit even the enumeration of most of the different pieces of repairing and new construction that have received attention.

Throughout the Main and Dormitory Buildings, old defective plumbing has been removed and replaced by new toilets, bathtubs, lavatories, sinks, and so on. Gas ranges, sinks, tea and coffee percolators, showers and radiators have been variously installed in the new cottages, in the industrial rooms, in the nurses' dining hall, and on the first and fourth floors of the Main Building Centre. In the Clinic Building, two continuous bath tubs were removed from the third floor to the basement and placed in position with necessary connections; two sinks were installed in the preparation rooms adjoining the operating rooms, and one in the dark-room used by the X-ray division. Nine reducing valves and steam traps were placed in the subway at points where steam pipes take off to supply the Dormitory Building and cottages, thus eliminating two mains. Several thousand feet of steam pipe have been covered with asbestos. A serious leak in the pipe line extending from the generator in the Dormitory Building and supplying hot water to the South Annex Building necessitated the laying of a new line, encased in six-inch tile conduit with cemented joints; the total length of the new line is 142 feet. A boiler was installed with necessary piping, radiators, and so on, for heating the cottages occupied by the florist. A pipeless heater was placed in the cottage in which the gardener lives. Constant repairs are being made to the plumbing and equipment throughout the institution, including the numerous mains.

Filters have been cleaned thoroughly and filtering materials renewed at all the reservoirs except the high service reservoir;

this is now in need of a complete cleansing and repairs made to the concrete lining. The filter, of brick construction, was badly damaged by ice and must be rebuilt. This work can all be done by the hospital forces, but when the high service reservoir is undergoing repairs, water for supplying the Dormitory Building must be delivered from the ice pond directly, by pumping. The old pumps, of plunger type, steam driven, result in more or less irregular delivery of water with a pressure at the fixtures of approximately 125 pounds; the effect of such conditions upon the plumbing and fixtures is injurious and necessitates many repairs. A contract has been awarded for the installation of rotary pumps, electrically driven, and the work is under way. When it is completed, delivery of water can be made without injury to the plumbing, and the reservoir can then be repaired and cleaned.

The work of the electrical installation and repair service is increasing rapidly in all branches. In connection with the new heating and power plant now under construction it is planned to provide additional equipment for the use of this division. During the year, in addition to making constant repairs on all varieties of electrical wiring and appliances throughout the institution, several large pieces of new work were accomplished. In front of the Clinic Building, conduit was laid, cable installed, standards wired, and lights furnished for the main walk. New conduit was placed in position and wiring run for the motion picture machine service at the Dormitory Building. In the Clinic Building, wiring was run and a system of electric call bells placed on all four floors at dumbwaiter doors. Prior to the excavation for the Men's Dining Hall, over 2,000 feet of lead cables were removed from fibre conduits extending across the yard and transferred to the cold air ducts, where they were suspended from the walls on iron brackets. Additional work will be placed upon the electricians with the extension of the fire alarm system, which is soon to be made, and with the various passenger and freight elevators in the Congregate Dining Hall and other new buildings.

A great volume of carpentry has been accomplished during the year. In addition to the outside work, on the wards and in the

numerous buildings, many pieces of repair and construction are handled in the shop. The services of one man are devoted to repairing furniture, and at times he requires an assistant. Two men are handling new installations and repairs to window screens. A number of cabinets have been built for the laboratory and four large dish closets have been constructed and placed in the serving rooms at the Clinic Building. Two large rooms in the basement were fitted with shelving for patients' clothing. In the hydrotherapeutic room, a partition was constructed as a safeguard from contact with hot water heater and piping, and shelving was put up. On the wards, including those for female as well as those for male patients, the frames of eleven doors leading to day rooms and dormitories were pushed out of position, having been insecurely fastened; these frames were removed by the carpenters, a method arranged for fastening them securely, and then replaced.

With funds appropriated for the specific purpose of rebuilding the copper cornice and gutter on the Dormitory Building, material was purchased and hospital employees are now replacing the defective structure. The work requires the services of the carpenters in erecting and moving the stagings, as well as those of the tinsmithing shop for the copper work.

A sufficient number of masons is maintained to dispose of the repairs and such minor new construction as can be readily handled. The larger pieces of work are usually let under contract.

During the year, the exteriors of the various frame cottages on the hospital property have been painted, as well as the wood trim of two brick cottages. In several of the cottages, interior walls were painted or kalsomined. The usual routine has been continued throughout the year, such as painting and enameling bedsteads and furniture after repairs have been made, replacing broken window glass, of which there is a quantity daily, touching up where wood construction has been repaired, painting all new work done by carpenters, and painting and lettering notices and signs. A group of patients under supervision of the regular

painters have been working on the wards of the Main Building, including both corridors and the rooms opening on them; the side walls have been given two coats of paint, the ceilings kalsomined and the woodwork varnished. Up to the present time, eighteen wards have been finished, nine on the North Side and nine on the South Side. The work will be continued until all the wards of this building have been redecorated.

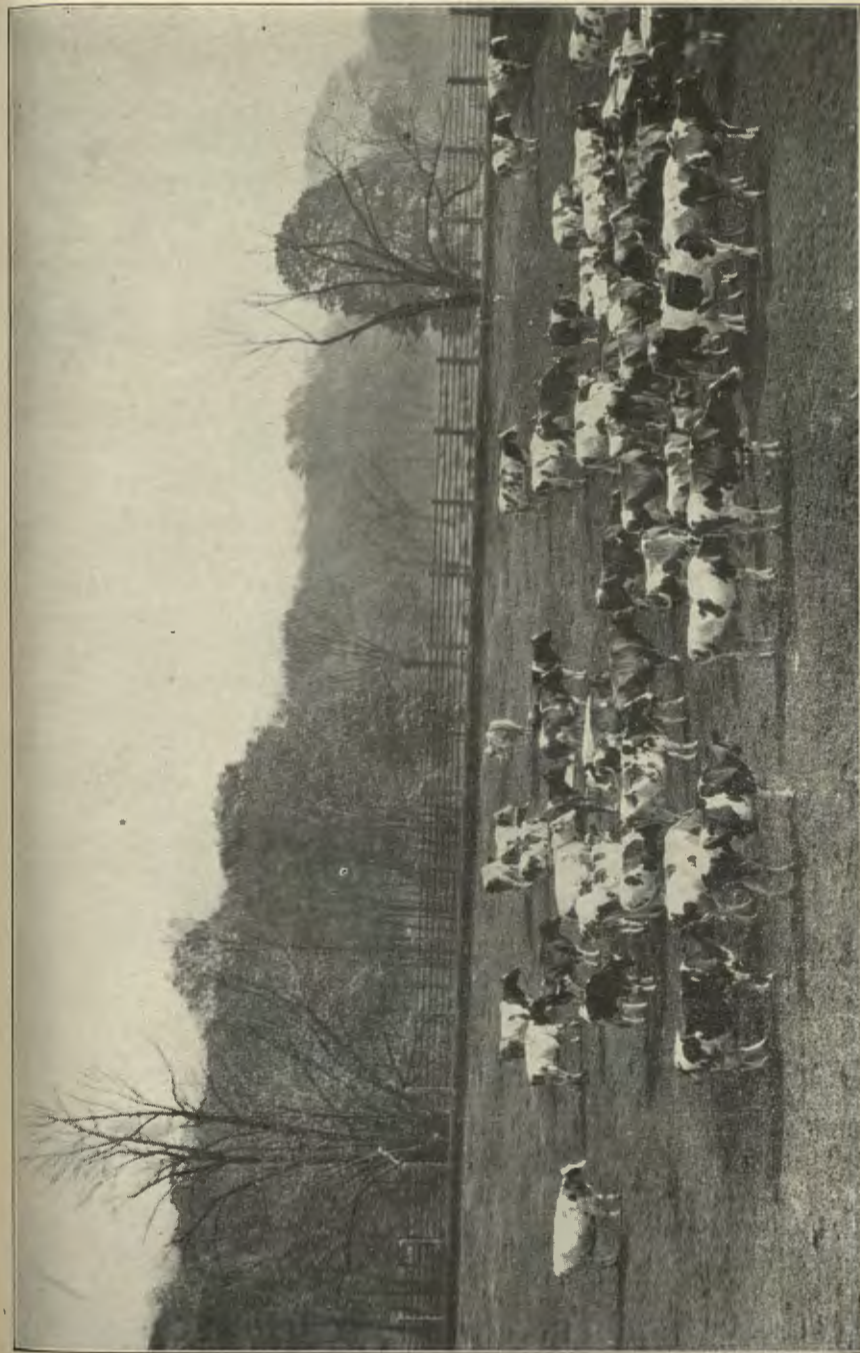
In the upholstery shop a variety of work is accomplished. Mattresses, pillows and ticks are made or renovated; sofa pillows, window shades and flags are constructed; and rugs and carpets are sewed and repaired. Slip covers are made for furniture and reupholstering is carried on. Here, too, harnesses and shoes are repaired. The upholsterer also lays carpets and linoleum and hangs curtains and puts up shades and awnings throughout the institution.

The exhaustion on the hospital property of the supply of chestnut timber of a size for railroad ties and the deterioration of those in use made necessary the purchase of 1,500 creosoted oak ties for which an appropriation was obtained. The greater portion of these ties have been put in service during the past year.

Farm and Garden.

With the erection of the Clinic Building and cottages and the extension of the sewage disposal system, considerable land has been taken from farm cultivation; the other new construction work now under consideration will increase this loss to approximately fifteen acres. The hay yield will be cut down in consequence and it will be impossible to raise the full quantity required for the live stock. Owing to the enlarged dairy herd, more ensilage corn and mangles will be needed, and it therefore seems advisable to devote an additional acreage to these crops and to purchase the requisite tonnage of hay.

Prior to the present time, the quantity of manure produced has been insufficient for the needs of the farm, gardens and greenhouses. If the present herd of stock, 204 in number, is



PART OF THE HOLSTEIN DAIRY HERD.

maintained, it will be possible to bring the soil up to a more fertile condition and to increase production.

On account of dry weather during the summer months, the root crops were below normal. The growth of spring crops was good and the production reached the usual quantities. At the exhibition of fruits and vegetables grown by the various institutions which was held last fall at the State Fair, this institution was awarded nine first prizes, five seconds and two thirds.

Dairy.

With the elimination of tuberculosis from the herd, an obstacle to the building up of a productive dairy was removed. In the battle against the disease, the heavy milkers usually went down in the tests, and consequently only the ordinary or less than ordinary producers were left to serve as the nucleus of a herd. During the past year an effort has been made to eliminate those cows not sufficiently productive to be profitable, and the result is already apparent.

The cost of operating the dairy has been materially increased owing to the raising of young stock for the purpose of enlarging the herd with desirable heifers from sires and dams free from tuberculosis. The sires are registered, and part of the cows of the herd and also the heifers bred at the hospital dairy are likewise registered stock. For good production at the dairy and for the raising of sturdy and healthy young stock it is absolutely necessary that a liberal supply of feeds are available.

The herd is now accredited and regularly tested by the State Bureau of Animal Industry. The milk is carefully guarded from contamination, all cans and utensils are daily sterilized by steam under pressure, and all men at work in and around the dairy are under close supervision and are regularly subjected to a thorough physical examination. The average number of cows milked during the year was 117; the average daily production per cow was 22.83 pounds of milk; the total yield of the dairy for the year was 977,826.45 pounds.

Piggery.

The returns from the piggery were greater than last year, both in the value and in the quantity of pork produced. While a number of outbreaks of hemorrhagic septicemia and one of cholera developed, the loss was not great. Diagnosis was made by Dr. H. W. Dustan, and treatment was applied. The extent to which this industry can be economically developed is dependent upon the quantity of table refuse available for feeding. The high cost of feeds makes their use for fattening prohibitive, and grain rations are fed only to the breeding stock. The total weight of pork produced was 70,180 lbs. and the market value was \$8,925.19.

Inventory.

The annual inventory and appraisalment was made by Mr. John Naughton and Mr. William Bailey, assisted by the Warden. The personal property valuation was below that of last year, due to a reduced quantity of stock in the storehouse. The total appraisalment shows a Real Estate value of \$5,860,484.80 and a Personal Property value of \$816,870.93.

RECOMMENDATIONS.

In this brief list of recommendations for needed improvements and repairs, I have incorporated those made by the Warden in his original report as submitted to me, and have also added others which seemed to be required for the best good of this institution and those who are under treatment or employed here.

Automobile Exchange.

At present three automobiles are assigned to the hospital. These are in constant use, as the somewhat isolated location of the institution makes automobiles essential for carrying on the routine business. One of these cars will be exchanged at the beginning of the year through an appropriation made for the purpose, as it has reached a point where the cost of upkeep is very high in proportion to the mileage. Of the two remaining cars, one was purchased this year and is still in very good condi-

tion; the other shows wear and at the end of the year will have reached the limit of its economical use by the institution. I recommend that an appropriation be made as in past years for the purpose of automobile exchange.

A great deal of trucking is done by the institution in the hauling of supplies from the railroad, the distribution of food, ice, laundry, coal, and so on, to the different buildings, and the moving of furniture and equipment required. In addition, a great deal of grading and road work is in progress and more will be required as the building program is carried out. At present the institution has seven trucks, four with dump bodies and three with straight or "express" bodies. These trucks are of varying ages, and some are now so worn that they are constantly being repaired, at an increasing expense. An appropriation should be made to cover the exchange of such trucks as are no longer giving good service, and also to provide for the purchase of a light vehicle which could be used to advantage for many errands, thus saving the heavier trucks. Either in this appropriation or by a special appropriation, provision should be made for an ambulance for the transportation of sick patients from the different buildings to the Clinic Building, where the operating rooms and hospital wards are located.

Garage.

A building constructed in 1920 by the hospital mechanics with concrete blocks made in the Occupational Therapy Division has long since ceased to be of sufficient capacity to accommodate the motor equipment. A building formerly used as a coach stable has been remodeled and utilized for housing cars and trucks, but this, too, is filled to capacity and there still remain a number of trucks which are being temporarily kept under a farm shed, to the exclusion of farm wagons and implements. Space and mechanical equipment are lacking for the automobile repair work, a great amount of which is carried on constantly. An appropriation should be made for additional garage accommodations, with adequate provision for the overhauling and repairing of cars and trucks.

Machine Shop.

In 1916 an appropriation was available for the purchase of equipment for the machine shop. The amount granted, however, was too small to permit of the purchase of all the machinery required at that time. Since then the variety of work has been constantly growing and the volume increasing. As this institution is located at a distance from towns or cities where the shops are fully supplied with modern machinery, delays and excessive costs result when it is necessary to send a machine or a part away for repairs. This serious inconvenience and expense would be obviated if the hospital machine shop were properly equipped; and I recommend that an appropriation be made to cover the following: Milling machine, \$2,672.20; Arbor press, \$56.00; lathe, \$1,094.50; wet tool grinder, \$229.70; forge, \$69.60; pipe bending machine, \$3,400.00.

Blacksmith Shop.

The blacksmith not only carries on work connected with the horses, wagons and farming tools and machinery, but also does repairing for other divisions of hospital industry. The present equipment is unsuited to the requirements of this varied assortment of work, and as a necessary consequence, this shop has to be dependent upon the machine shop, a considerable distance away. The time saved in carrying work back and forth would quickly offset the cost of installing the following equipment: forge, vise, blower, drill, press, and motor. I recommend that a provision for the purchase of these articles be made.

Laundry.

In this very important industry, machines for performing the work of washing, drying, starching, and ironing bed linen, protectors, garments, and so on, are indispensable. Worn out equipment injures or destroys the goods handled and is also a constant source of expense for repairs. In the interest of economy and efficient service, the following machines should be purchased: two washers, \$8,000; one flat work ironer, \$9,900; two tumblers, \$7,200.00.

Hot Water Generator, Dormitory Building.

With the erection of the Dormitory Building in 1901, a hot water generator was installed. The capacity of this generator became insufficient to provide for the increased number of patients housed in this building, and an additional heater was supplied in 1913. Recently the generator placed in service in 1901 collapsed and was discarded. The remaining heater, in which new tubes were recently installed, is now the sole dependence for daily needs and emergencies. Another generator should be acquired to insure an adequate supply of hot water for bathing and other purposes, and also to serve as a reserve when the present heater becomes disabled. A generator of capacity sufficient to meet the needs will cost \$1,200, and I recommend that an appropriation be requested for this purpose.

Destructor Plant.

The destructor plant installed in 1915 has operated successfully and at no time has its capacity been overtaxed. Repairs incident to the effects of heat have been made as needed. During the coming year the entire lining should be removed and the incinerator rebricked.

Valves and Water Mains.

Since the installation of the water main supplying the Clinic Building and the cottages along the Centre Driveway, there have been three instances of serious leakage. When such trouble occurs, it is necessary to shut off the line at a valve close to the Main Building, and all buildings supplied from the main are without water while repairs are in progress. I accordingly recommend that the necessary valves be installed at properly located points in order that delivery can be so controlled that all buildings shall not needlessly be deprived of water in case of recurrence of trouble.

Lights and Driveways and Lawns.

In 1915, lead-covered cable was installed in fibre conduit extending from the Main Building along the Centre Driveway

for a distance of 3,000 feet. The lights are in series; the standards, twenty-six in number, located on either side of the drive, are connected by cable through iron conduit under road-bed. For some years trouble has been experienced resulting from grounds caused by water entering the conduits; the cable became pitted and sections had to be removed and new cable installed. During the year a section of the fibre conduit was replaced by tile, and no further trouble has since been experienced at this point. To insure good service, freedom from grounds, numerous expensive repairs, and the necessity of opening trenches across the Centre Driveway, two lines of No. 2 lead-covered twin cable, one on either side of the drive, should be installed in tile conduit, and No. 12 duplex lead-covered cable should be run from the main cable to each standard. The same trouble has also been experienced along the driveway from the Main to the Dormitory Building and from the Main Building to the trolley station and to the Female Nurses' Cottage. I recommend that an appropriation of \$3,377.52 be made to cover the cost of tile conduit and cable. The excavating, laying of conduit and installation of cables can be done by hospital workmen.

Roads.

The use of ashes for road repairs on the institution grounds has been discontinued, as they have been found very unsatisfactory, causing stoppage in gutters and road traps. Natural stone has been used as road base, and so far as possible has been covered with crushed stone furnished by a stone crusher on the hospital property. On account of the new building and construction work that has been going on, with the consequent increase of heavy traffic, the Centre Driveway, which is the main route to the institution buildings, has reached a deplorable condition. Similar effects of wear and tear are to be observed along the public road to the north of the Main Building, and the driveway between the Main and Dormitory Buildings. To save the expense of constant repairs to these much used roads, I believe that they should be surfaced with concrete or some other durable material, and I am convinced that the work could be accom-

plished more economically and to better advantage if the maintenance of these chief lines of travel were assigned to the State Highway Department.

Road Scraper.

A road scraper has been regularly used for many years in repairing the numerous driveways on the institution property, in clearing the roads and walks of snow and in scraping the yard at the dairy. It has now outlived its usefulness, and I recommend that a sum be appropriated for replacing it with one of modern construction.

Railroad.

A quantity of 80-pound rail, with spikes, bolts, nuts, angle bars and chairs, should be purchased to be used in replacing worn out or broken equipment. Switch ties and crossing planks are needed, also, and additional creosoted oak ties should be supplied.

Fire Apparatus.

Additional two and one-half inch rubber lined hose is needed, and hose for the stand pipes in the various buildings to replace that which has become worn out and defective. Fire extinguishers should be supplied for installation in the new buildings and for replacement as needed.

Building Repairs.

Numerous repairs are needed in the various buildings, and if not provided will result in serious and expensive deterioration of the plant. I mention only a few of the larger and more pressing requirements.

The flooring of the Main Building has not been renewed since the opening of the institution in 1876, although various minor repairs have been made from time to time. Through constant use, much of the flooring is now badly worn and splintered, resulting in a condition where it is not only impossible to maintain in hygienic cleanliness, but which is even likely to cause serious injury to patients. I wish to urge that provision be made for the purchase of new flooring; the laying of the floors can be

handled by the hospital workmen.

It is estimated that at least fifty per cent. of the window sash of the Main Building should be replaced. As a result of breakage, action of the weather, and continuous replacing of glass, the sash has reached such a condition that it is difficult if not impossible to fasten the glass securely in position. Glazing is rendered more expensive, and also it is impossible to make the windows weather tight, resulting in increased fuel consumption for heating.

On parts of the Main, Dormitory, and other buildings, the roofing is of tin and has reached a condition where further repairs are impossible and renewal is necessary. If immediate attention is not given, serious and expensive damage to interiors from leaking will result.

During the year, one of the sections of sandstone cornice on the fourth story of the Main Building Centre shifted from its position. The weight of this stone is estimated at ten tons, and for the protection of the walls it has been replaced and securely anchored. The general condition of the walls of both this building and the Dormitory Building is such that similar trouble may easily be caused by water finding its way into the crevices and then alternately freezing and thawing. All open joints in the stone work should be pointed up, and the work is so extensive that it should be done under contract.

In the congregate dining room at the Dormitory Building, the wooden flooring does not long withstand the wear of daily use by five hundred people and the rolling back and forth of trucks loaded with food or dishes. A floor of tile construction would be advantageous, both from the point of sanitary cleanliness and from expense of upkeep. Likewise, in the main kitchen of this building, the concrete floor has been repaired repeatedly and is now in bad condition, as it does not satisfactorily withstand the action of hot water. This concrete floor should be replaced with one of tile.

Painting.

An appropriation should be made to provide an adequate supply of painting materials. All exterior wood and iron work needs frequent painting if it is to withstand the action of the

weather; the interiors of the various buildings also require restoration and redecoration from time to time if the effect is to be sanitary and cheerful.

Settees for Lawns.

Attention was directed in 1915 to a shortage of settees for lawns, the number in use being insufficient to accommodate the patients. Additional settees have since been discarded from breakage, so that the number now available is far from adequate to the needs of our present population. I find that the settees with wrought iron frames give much better service than those with cast iron parts, and accordingly recommend that an appropriation sufficient to purchase two hundred settees with wrought iron frames be requested.

Fencing.

Sections of the hospital property bordering on public roads are protected by woven wire fencing, two-inch mesh, No. 6 gauge wire, six feet high, barbed top, posts set in concrete; the benefits from the exclusion of trespassers are important. Two other tracts of land should be afforded similar protection, one along Hanover avenue to the south, and the other on the northern portion of the property along the public highway.

Farm Housing Shed.

Valuable farming machinery and implements must be left in the open, exposed to the weather, since the shed now in use is insufficient for housing all of the equipment. An additional shed should be constructed to provide suitable protection for this machinery.

Dairy.

The present overcrowded condition of the dairy buildings is not conducive to the health of the stock. A building is urgently needed in which to stable the cows, and a number of box stalls for cows and young stock should be provided.

The ground feeds of the grain ration are purchased separately in bulk and mixed laboriously by hand. A machine mixer would

insure a more satisfactory distribution and better balanced ration, as well as a saving in labor.

Milk is now sent from the dairy to the kitchen in large cans and is there divided up for distribution. This method results in too much handling of the milk, with additional opportunity for contamination and souring. An equipment for bottling milk and cream should be installed at the dairy.

APPOINTMENTS AND RESIGNATIONS.

Appointments:

- Eveline H. Pollard, D. D. S., July 15, 1923.
- Bradford Murphey, M. D., August 15, 1923.
- Joseph Donovan, M. D., October 9, 1923.
- J. Harley Stamp, M. D., December 1, 1923.
- Theodore R. Ford, M. D., February 1, 1924.
- P. J. Gambill, M. D., February 11, 1924.
- John S. Whitehill, D. D. S., February 18, 1924.
- Albert V. Roche, M. D., May 1, 1924.
- Charles E. Clark, M. D., June 1, 1924.

Resignations:

- George M. Brandau, M. D., November 6, 1923.
- Lee J. Palmer, M. D., November 20, 1923.
- Eveline H. Pollard, D. D. S., December 22, 1923.
- Francis C. Bartleman, D. D. S., February 29, 1924.

DEATH OF OLD EMPLOYEE.

Each year we lose some members from the ranks of old employees, people who have been connected with the work of the institution for so many years that they seem almost as permanent as the buildings; sometimes the loss comes through resignation or pensioned retirement, and sometimes, more sadly, through death. Although his thirty-two years of faithful service placed Mr. Amos A. Garrabant, foreman of the laundry, among the old employees, he was still far below the age for retirement when his death occurred this spring, after a brief illness. Throughout his work at the institution he had not only promoted the comfort

and health of the hospital population by his services to cleanliness, but coming as he did into direct contact with hundreds of patients who were employed under his supervision, he found many opportunities to help by tactful and kindly methods, even long before occupational therapy became a recognized form of treatment. To these patients who had come to know him as a friend, as well as to fellow employees, his death came as a personal loss.

DISTINGUISHED VISITORS.

Several times during the year we have been visited by Commissioner Burdette G. Lewis, of the Department of Institutions and Agencies, and by different members of his department. Mr. E. P. Earle, President of the State Board of Control, has inspected the institution and discussed its affairs with the local officials, and Mr. Joseph M. Byrne, also of the State Board, has visited us. The Appropriation Committee of the Legislature spent considerable time at the hospital, going carefully into its condition and needs. Comptroller Bugbee, Treasurer Reed, and Colonel Salter, Chief Auditor, have inspected the institution. Dr. H. A. Cotton, of the State Hospital at Trenton, with three members of his Board, visited this hospital and examined the new buildings. Mr. David I. Kelly, Secretary of the Essex County Park Commission, was a welcome guest at the institution.

Among visitors from out of the state may be mentioned Dr. Samuel Hamilton, of the National Committee for Mental Hygiene; Mr. Kidder, President of the National Occupational Therapeutic Society of the United States and Canada; Dr. George Kirby, Director of the Psychiatric Institute at Wards Island; Dr. Jordan, from the State Hospital at Raleigh, North Carolina; Dr. Marcus B. Heyman, Superintendent of the Manhattan State Hospital; and Dr. Thomas W. Salmon, President of the American Psychiatric Association.

On April 14th the State Association of Freeholders met at the hospital, with about one hundred and fifty members present.

Numerous other guests of prominence have favored us during

the year, including Senator Arthur Whitney, of Morris County, as well as many more who through political or business channels have become interested in the work of state institutions. It is the continued policy of the resident officers to encourage visits from substantial people in the surrounding district, since we feel that it is only through a widespread knowledge of the hospital and its plans and policies that the impressions so long associated with the old "insane asylums" can be wiped out and the modern state hospital become what it should be, an object of pride and interested support in its own community.

ACKNOWLEDGMENTS.

The Superintendent and other resident officers of the institution are profoundly grateful to the many interested and generous friends who have showered gifts of all kinds upon the patients throughout the year. Books and magazines, games, candy, fruit, cakes, tobacco in all forms, clothing, Victrola records, and a variety of other things calculated to make institutional life brighter and happier have been given with lavish hands. Sometimes the patients may have an opportunity to express their gratitude to the givers; more often, they can only tell the nurses and physicians of their appreciation, and so, in behalf of those who are not in a position to speak for themselves, I make grateful acknowledgment to the many individuals, societies and organizations that at Christmas and all through the year have remembered the sick and unfortunate.

CONCLUSION.

Coming to the end of this report, I realize most keenly that it is only through the cooperation of many individuals that the work of the past year has been accomplished. I wish to take this opportunity to record my continued and earnest appreciation of the personal loyalty and faithful work of the members of the medical and official staff, throughout the many difficulties and discomforts of the past year. I wish also to return thanks to the Warden, to the employees of the medical and business depart-

ments, and to the consulting surgeon, Dr. Clifford Mills, for their ready responses to every call, whether in the routine of duty or in unseasonable emergencies. And to the numerous state officials who have given their aid to promoting the welfare of this institution, to Commissioner Lewis and the other members of the Department of Institutions and Agencies, including Mr. Mills of the Division of Architecture and Construction, and to the members of the Board of Managers who have devoted themselves unceasingly to the work of the hospital and who have supported the resident officers and the Superintendent with sincere friendship and discerning counsel, I am profoundly grateful.

Respectfully submitted,

MARCUS A. CURRY,

Medical Superintendent and Chief Executive Officer.

STATISTICAL APPENDIX TO CHIEF EXECUTIVE OFFICER'S REPORT

TABLE 1.

GENERAL INFORMATION

Data correct at end of institution year, June 30, 1924

1. Date of opening as an institution for the insane.....	August 17, 1876
2. Type of institution.....	State
3. Hospital plant—	
Value of hospital property:	
Real estate, including buildings.....	\$5,860,484.80
Personal property	816,870.93
Total.....	<u>\$6,677,355.73</u>
Total acreage of hospital property owned.....	897
Additional acreage rented.....	None
Total acreage under cultivation during previous year.....	231

4. OFFICERS AND EMPLOYEES

Actually in Service at End of Year

	Males	Females	Total
Superintendent.....	1	..	1
Clinical director.....	1	..	1
Assistant physicians.....	17	..	17
Consulting surgeon.....	1	..	1
Total physicians.....	20	..	20
Warden.....	1	..	1
Resident dentists	1	..	1
Graduate nurses.....	2	19	21
Other nurses and attendants	149	72	221
Teachers of occupational therapy.....	7	9	16
Social workers .....	..	4	4
All other officers and employees.....	266	100	366
Total officers and employees.....	<u>446</u>	<u>204</u>	<u>650</u>

TABLE 1. (Continued.)

5. CENSUS OF PATIENT POPULATION AT END OF YEAR

	Actually in Institution			Absent from Institution but Still on Books		
	Males	Females	Total	Males	Females	Total
White—						
Insane.....	1,478	1,500	2,978	106	128	234
Epileptics.....						
Mental defectives.....	4	1	5			
Alcoholics.....						
Drug addicts.....	1		1			
Neurosyphilitics (without psychosis).....						
All other cases.....	1	1	2			
Total.....	1,484	1,502	2,986	106	128	234
Colored—						
Insane.....	63	68	131	8	5	13
Epileptics.....						
Mental defectives.....						
Alcoholics.....						
Drug addicts.....						
Neurosyphilitics (without psychosis).....						
All other cases.....						
Total.....	63	68	131	8	5	13
Grand total.....	1,547	1,570	3,117	114	133	247
6. Patients employed in industrial classes or in general hospital work on date of report.....				820	659	1,479
7. Average daily number of all patients actually in institution during year.....			1,502.77	1,532.15	3,034.92	
8. Voluntary patients admitted during year.....				25	14	39
9. Persons given advice or treatment in out-patient clinics during year.....						

TABLE II.

FINANCIAL STATEMENT FOR THE FISCAL YEAR ENDING JUNE 30, 1924

RECEIPTS

Balance on hand from previous fiscal year.....	\$.....
Received from appropriations.....	1,301,903.04
Received from paying patients.....	476,572.39
Received from all other sources.....	3,509.74
Total receipts.....	\$1,781,985.17

DISBURSEMENTS

1. Expenditures for maintenance of patients:	
Salaries and wages.....	\$547,716.01
Provisions (food).....	296,385.14
Fuel, light and water.....	103,170.08
All other expenditures for maintenance.....	265,918.87
Total expenditures for maintenance.....	\$1,213,190.10
2. Expenditures for purposes other than maintenance, including new buildings, additions, extraordinary repairs, improvements, etc.....	424,858.68
3. Expenditures for repayment of loans and interest on loans.....	
Total expenditures.....	\$1,638,048.78
Amount returned to State Treasurer or other officials.....	480,082.13
Balance on hand at close of year.....	
Total disbursements.....	\$2,118,130.91

TABLE III.

MOVEMENT OF PATIENT POPULATION

For year beginning July 1, 1923, and ending June 30, 1924

Includes all patients admitted who are on books of institution regardless of the method of admission.

	Males	Females	Total
1. Patients on books of institution at beginning of institution year.....	1,558	1,581	3,139
(Includes patients away from institution on parole, on visit and escaped but still on books.)			
2. Admissions during year:			
a—First admissions.....	295	275	570
(Includes all patients admitted for the first time to any institution for mental diseases, public or private, wherever situated, in or outside of State, excepting institutions for temporary care.)			
b—Readmissions.....	59	54	113
(Includes all patients admitted who have been previously under treatment in an institution for mental diseases excepting transfers and patients who have received treatment only in institutions for temporary care.)			
c—Transfers from other institutions for mental diseases.....	9	6	15
(Includes all patients coming directly from any other institution for mental diseases, public or private, in same State, excepting institutions for temporary care.)			
3 Total received during year.....	363	335	698
(Includes total of items 2-a, b and c.)			
4. Total on books during year.....	1,921	1,916	3,837
(Includes total of items 1 and 3.)			

TABLE III. (Continued.)

5. Discharged from books during year:			
(Does not include patients away from institution on parole, on visit or on other temporary leave from hospital.)			
a—As recovered.....	41	39	80
b—As improved.....	65	52	117
(Does not include transfers.)			
c—As unimproved.....	15	20	35
(Includes all insane patients discharged not benefited by treatment, exclusive of transfers.)			
d—As without psychosis.....	7	7	14
(Includes all discharged patients who are found to have had no psychosis.)			
e—Transferred to other institutions for mental diseases.....	8	6	14
(Includes all patients sent directly to any other institution for mental diseases, public or private, in same State, excepting institutions for temporary care.)			
f—Died during year.....	124	89	213
6. Total discharged, transferred and died during year.....	260	213	473
(Includes total of items 5 a, b, c, d, e and f under "discharged from books.")			
7. Patients remaining on books of institution at end of institution year.....	1,661	1,703	3,364
(Includes patients away from institution on parole, on visit and escaped.)			

TABLE IV.

NATIVITY OF FIRST ADMISSIONS AND OF PARENTS OF FIRST ADMISSIONS

Nativity	Patients			Parents of Male Patients			Parents of Female Patients		
	Males	Females	Total	Fathers	Mothers	Both Parents	Fathers	Mothers	Both Parents
United States....	143	154	297	10	5	73	7	11	74
Africa.....	..	..	..	..	..	..	..	..	..
*Asia.....	..	1	1	..	..	..	..	..	1
Australia.....	..	..	..	..	..	..	..	..	..
Austria.....	13	8	21	..	1	11	..	..	10
Belgium.....	..	..	..	..	..	..	..	..	..
†Canada.....	3	1	4	..	2	1	..	1	1
Central America.....	..	..	..	..	..	..	..	..	..
China.....	..	..	..	..	..	..	..	..	..
Czecho-Slovakia.....	3	3	6	..	..	3	..	..	2
Cuba.....	..	..	..	..	..	..	..	..	..
Denmark.....	3	1	4	..	1	2	..	..	1
England.....	4	8	12	3	5	5	3	4	14
*Europe.....	4	2	6	..	1	4	1	..	2
Finland.....	1	..	1	..	..	..	..	..	..
France.....	5	1	6	2	..	8	2	1	1
Germany.....	18	13	31	4	3	28	10	2	28
Greece.....	..	..	..	..	..	..	..	..	..
Holland.....	1	..	1	..	..	3	2	..	..
Hungary.....	10	10	20	..	..	8	..	1	9
India.....	..	..	..	..	..	..	..	..	..
Ireland.....	9	17	26	5	6	19	2	2	30
Italy.....	25	18	43	..	..	26	2	..	26
Japan.....	..	..	..	..	..	..	..	..	..
Jugo-Slavia.....	..	..	..	..	..	..	..	..	..
Mexico.....	..	..	..	..	..	..	..	..	..
Norway.....	..	3	3	..	..	..	..	1	3
Philippine Islands.....	..	..	..	..	..	..	..	..	..
Poland.....	18	12	30	3	..	20	..	..	12
Porto Rico.....	1	1	2	..	1	..	..	..	..
Portugal.....	..	..	..	..	..	..	..	..	..
Roumania.....	..	..	..	..	..	..	..	..	1
Russia.....	11	13	24	..	3	12	..	..	15
Scotland.....	5	1	6	2	..	7	..	1	2
South America.....	1	..	1	..	..	..	..	..	..
Spain.....	3	..	3	..	..	3	..	..	..
Sweden.....	2	3	5	1	..	2	1	..	3
Switzerland.....	5	3	8	1	2	6	..	1	3
Turkey-in-Asia ..	..	..	..	..	..	..	..	..	..
Turkey-in-Europe	2	..	2	..	..	2	..	..	..
Wales.....	..	..	..	..	..	..	..	1	..
†West Indies.....	2	..	2	..	..	1	..	..	..
Other countries...	..	1	1	..	..	..	..	..	..
Unascertained....	3	1	4	..	1	20	..	4	7
Total.....	295	275	570	31	31	264	30	30	245

*Not otherwise specified. †Includes Newfoundland. ‡Except Cuba and Porto Rico.

TABLE V.

CITIZENSHIP OF FIRST ADMISSIONS

	Males	Females	Total
Citizens by birth.....	144	153	297
Citizens by naturalization.....	45	49	94
Aliens.....	71	57	128
Citizenship unascertained.....	35	16	51
Total.....	295	275	570

TABLE VI.

PSYCHOSES OF FIRST ADMISSIONS

<i>Psychoses</i>	M.	F.	T.	M.	F.	T.
1. TRAUMATIC PSYCHOSES.....	..	..	..	1	..	1
2. SENILE PSYCHOSES.....	..	..	..	14	19	33
3. PSYCHOSES WITH CEREBRAL ARTERIOSCLEROSIS.....	..	..	..	42	52	94
4. GENERAL PARALYSIS.....	..	..	..	41	11	52
5. PSYCHOSES WITH CEREBRAL SYPHILIS.....	..	..	..	..	1	1
6. PSYCHOSES WITH HUNTINGTON'S CHOREA.....	..	..	..	..	1	1
7. PSYCHOSES WITH BRAIN TUMOR.....	..	..	..	..	..	..
8. PSYCHOSES WITH OTHER BRAIN OR NERVOUS DISEASES, total.....	..	..	..	5	5	10
a. Cerebral embolism.....	..	..	..	..	..	..
b. Paralysis agitans.....	..	..	..	..	..	..
c. Meningitis, tubercular or other forms.....	..	1	1	..	..	..
d. Multiple sclerosis.....	1	..	1	..	..	..
e. Tabes dorsalis.....	..	..	..	..	..	..
f. Acute chorea.....	..	..	..	..	..	..
g. Other diseases.....	4	4	8	..	..	..
9. ALCOHOLIC PSYCHOSES, total.....	..	..	..	22	3	25
a. Delirium tremens.....	1	1	2	..	..	..
b. Korsakow's psychosis.....	..	..	..	..	..	..
c. Acute hallucinosis.....	18	2	20	..	..	..
d. Other types, acute or chronic.....	3	..	3	..	..	..

TABLE VI. (Continued.)

	M.	F.	T.	M.	F.	T.
10. PSYCHOSES DUE TO DRUGS AND OTHER EXOGENOUS TOXINS, total.....	..	..	..	..	1	1
a. Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined.....	..	..	..	..	..	..
b. Metals, as lead, arsenic, etc.....	..	1	1	..	..	..
c. Gases.....	..	..	..	..	..	..
d. Other exogenous toxins.....	..	..	..	..	..	..
11. PSYCHOSES WITH PELLAGRA.....	..	..	..	..	..	..
12. PSYCHOSES WITH OTHER SOMATIC DISEASES, total.....	..	..	..	5	9	14
a. Delirium with infectious diseases...	..	1	1	..	..	..
b. Post-infectious psychoses.....	..	..	..	..	..	..
c. Exhaustion delirium.....	1	1	2	..	..	..
d. Delirium of unknown origin.....	..	..	..	..	..	..
e. Cardio-renal diseases.....	4	6	10	..	..	..
f. Diseases of the ductless glands.....	..	1	1	..	..	..
g. Other diseases or conditions.....	..	..	..	..	..	..
13. MANIC-DEPRESSIVE PSYCHOSES, total.....	..	..	..	20	62	82
a. Manic type.....	6	18	24	..	..	..
b. Depressive type.....	9	27	36	..	..	..
c. Other types.....	5	17	22	..	..	..
14. INVOLUTION MELANCHOLIA.....	..	..	..	3	12	15
15. DEMENTIA PRÆCOX (schizophrenia).....	..	..	..	116	79	195
16. PARANOIA AND PARANOID CONDITIONS.....	..	..	..	4	6	10
17. EPILEPTIC PSYCHOSES.....	..	..	..	2	..	2
18. PSYCHONEUROSES AND NEUROSES, total.....	..	..	..	4	5	9
a. Hysterical type.....	..	2	2	..	..	..
b. Psychasthenic type (anxiety and obsessive forms).....	2	3	5	..	..	..
c. Neurasthenic type.....	1	..	1	..	..	..
d. Other types.....	1	..	1	..	..	..

TABLE VI. (Continued.)

	M.	F.	T.	M.	F.	T.
19. PSYCHOSES WITH PSYCHOPATHIC PERSONALITY.....	..	..	..	2	..	2
20. PSYCHOSES WITH MENTAL DEFICIENCY.....	..	..	..	..	1	1
21. UNDIAGNOSED PSYCHOSES.....	..	..	..	7	3	10
22. WITHOUT PSYCHOSIS, total.....	..	..	..	7	5	12
a. Epilepsy without psychosis.....	..	1	1	..	..	..
b. Alcoholism without psychosis.....	1	..	1	..	..	..
c. Drug addiction without psychosis...	3	2	5	..	..	..
d. Psychopathic personality without psychosis.....	..	1	1	..	..	..
e. Mental deficiency without psychosis.....	2	..	2	..	..	..
f. Others.....	1	1	2	..	..	..
Total.....	..	..	..	295	275	570

TABLE VII.

RACE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

RACE	Total			Traumatic			Senile			With cerebral arterio-sclerosis			General paralysis			With cerebral syphilis			With Huntington's chorea			With brain tumor			With other brain or nervous diseases			Alcoholic			Due to drugs and other exogenous toxins			With pellagra			With other somatic diseases			Manic-depressive			Involution melancholia			Dementia præcox			Paranoia and paranoid conditions			Epileptic psychoses			Psycho-neuroses and neuroses			With psychopathic personalities		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.												
African (black).....	21	9	30				2	1	3				7	1	8																																													
American Indian.....																																																												
Armenian.....																																																												
Bulgarian.....																																																												
Chinese.....																																																												
Cuban.....																																																												
Dutch and Flemish..	3	2	5																																																									
East Indian.....																																																												
English.....	5	17	22				1	1	2	3	3	6	1	1	2											1	1																																	
Finnish.....																																																												
French.....	7	1	8																																																									
German.....	28	30	58																																																									
Greek.....																																																												
Hebrew.....	11	14	25																																																									
Irish.....	20	28	48				1	1	2	7	10	17	3	3																																														
Italian*.....	28	27	55				1		1	2	4	6	6	2	8																																													
Japanese.....																																																												
Lithuanian.....	2	2	4																																																									
Magyar.....	8	9	17																																																									
Mexican.....																																																												
Pacific Islander.....																																																												
Portuguese.....																																																												
Roumanian.....																																																												
Scandinavian †.....	4	8	12																																																									
Scotch.....	8	3	11				1																																																					
Slavonic ‡.....	31	20	51																																																									
Spanish.....	3		3																																																									
Spanish-American...																																																												
Syrian.....		1	1																																																									
Turkish.....	2		2																																																									
Welsh.....																																																												
West Indian §.....																																																												
Other specific races..																																																												
Mixed.....	93	89	182	1			6	8	14	14	18	32	5	4	9																																													
Race unascertained..	21	15	36				2	1	3	3	3	6	5	5																																														
Total.....	295	275	570	1			14	19	33	42	52	94	41	11	52																																													

*Includes "North" and "South." †Norwegians, Danes and Swedes. ‡Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian. §Except Cuban.

TABLE VII.

RACE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

With cerebral arterio-sclerosis			General paralysis			With cerebral syphilis			With Huntington's chorea			With brain tumor			With other brain or nervous diseases			Alcoholic			Due to drugs and other exogenous toxins			With pellagra			With other somatic diseases			Manic-depressive			Involution melancholia			Dementia præcox			Paranoia and paranoid conditions			Epileptic psychoses			Psycho-neuroses and neuroses			With psychopathic personality			With mental deficiency			Undiagnosed psychoses			Without psychosis								
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.						
	3	3	7	1	8													3		3													1	2	3				6	2	8				2		2																		
3	3	6	1	1	2																																																												
8	6	14	6	3	9							1		1	1		1	1		1																																		1	1	2									
1	1	2	2	2	4							2		2	1		1	2		2																																													
7	10	17	3	3	6													1		1																																													
2	4	6	6	2	8										1		1	2		2																																													
	2	2													1		1	3		3																																													
3	1	2	3	2	5										1		1	6		6																																													
4	18	32	5	4	9										2	3	5	4	1	5																																													
3	3	6	5	5	10										2	3	5	4	1	5																																													
12	52	94	41	11	52							5	5	10	22	3	25																																																

"North" and "South." †Norwegians, Danes and Swedes. ‡Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian. §Except Cuban.

TABLE IX.

DEGREE OF EDUCATION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES

PSYCHOSES	Total			Illiterate			Reads and writes*			Common school			High school			College			Unascertained				
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.		
1. Traumatic.....	1		1							1		1											
2. Senile.....	14	19	33	2	2	4	4	5	9	7	8	15		2	2						1	2	3
3. With cerebral arteriosclerosis....	42	52	94	2	8	10	15	11	26	20	23	43	2	3	5		1	1			3	6	9
4. General paralysis....	41	11	52		1	1	18		18	16	8	24	4	1	5						3	1	4
5. With cerebral syphilis.....		1	1						1	1													
6. With Huntington's chorea.....		1	1								1	1											
7. With brain tumor...																							
8. With other brain or nervous diseases..	5	5	10		1	1	1		1	3	2	5		1	1	1	1	2			2		2
9. Alcoholic.....	22	3	25	2		2	11	1	12	7	2	9									2		2
10. Due to drugs & other exogenous toxins.		1	1						1	1													
11. With pellagra.....																							
12. With other somatic diseases.....	5	9	14				4		4		7	7		2	2						1		1
13. Manic-depressive...	20	62	82	1	2	3	6	10	16	10	40	50	2	7	9						1	3	4
14. Involution melancholia.....	3	12	15				2	3	5	1	6	7		2	2						1	1	1
15. Dementia præcox...	116	79	195	8	3	11	31	13	44	52	50	102	11	11	22	5	1	6			9	1	10
16. Paranoia or paranoid conditions...	4	6	10	1		1	1	2	3	1	3	4	1	1	2								
17. Epileptic psychoses.	2		2				2		2														
18. Psychoneuroses and neuroses.....	4	5	9								3	6	1	2	3								
19. With psychopathic personality.....	2		2							1		1	1		1								
20. With mental deficiency.....		1	1						1	1													
21. Undiagnosed psychoses.....	7	3	10	1		1	3		3	2	3	5									1		1
22. Without psychosis..	7	5	12	1	1	2	2		2	3	3	6		1	1	1		1					
Total.....	25	275	570	18	18	36	100	48	148	127	159	286	22	33	55	7	3	10	21	14	35		

*Includes those who did not complete fourth grade in school.

TABLE X.

ENVIRONMENT OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES

PSYCHOSES	Total			Urban			Rural			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1		1	1		1						
2. Senile	14	19	33	11	15	26	3	4	7			
3. With cerebral arteriosclerosis...	42	52	94	32	39	71	10	13	23			
4. General paralysis...	41	11	52	40	9	49		2	2	1		1
5. With cerebral syphilis.....		1	1		1	1						
6. With Huntington's chorea.....		1	1		1	1						
7. With brain tumor...												
8. With other brain or nervous diseases..	5	5	10	5	4	9		1	1			
9. Alcoholic.....	22	3	25	21	3	24	1		1			
10. Due to drugs & other exogenous toxins.		1	1		1	1						
11. With pellagra.....												
12. With other somatic diseases.....	5	9	14	4	9	13	1		1			
13. Manic-depressive...	20	62	82	19	57	76	1	5	6			
14. Involution melan- cholia	3	12	15	1	11	12	2	1	3			
15. Dementia præcox...	116	79	195	106	72	178	7	7	14	3		3
16. Paranoia or para- noid conditions...	4	6	10	4	6	10						
17. Epileptic psychoses.	2		2	2		2						
18. Psychoneuroses and neuroses.....	4	5	9	2	4	6	2	1	3			
19. With psychopathic personality.....	2		2	1		1	1		1			
20. With mental deficiency.....		1	1					1	1			
21. Undiagnosed psychoses.....	7	3	10	7	3	10						
22. Without psychosis...	7	5	12	7	4	11		1	1			
Total.....	295	275	570	263	239	502	28	36	64	4		4

TABLE XI.

ECONOMIC CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES

PSYCHOSES	Total			Dependent			Marginal			Comfortable			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1		1				1		1						
2. Senile.....	14	19	33	7	13	20	4	4	8	3	2	5			
3. With cerebral arteriosclerosis...	42	52	94	20	33	53	16	13	29	5	6	11	1		1
4. General paralysis...	41	11	52	18	6	24	17	2	19	5	3	8	1		1
5. With cerebral syphilis.....		1	1					1	1						
6. With Huntington's chorea.....		1	1					1	1						
7. With brain tumor...															
8. With other brain or nervous diseases..	5	5	10	2	2	4	2	1	3	1	2	3			
9. Alcoholic.....	22	3	25	3	2	5	17	1	18	2		2			
10. Due to drugs & other exogenous toxins..		1	1					1	1						
11. With pellagra.....															
12. With other somatic diseases.....	5	9	14	2	2	4	3	6	9		1	1			
13. Manic-depressive...	20	62	82	6	25	31	14	30	44		7	7			
14. Involution melan- cholia.....	3	12	15		3	3	2	6	8	1	3	4			
15. Dementia præcox...	116	79	195	25	33	58	88	33	121	2	12	14	1	1	2
16. Paranoia or para- noid conditions...	4	6	10	1	3	4	3	2	5		1	1			
17. Epileptic psychoses.	2		2	1		1	1		1						
18. Psychoneuroses and neuroses.....	4	5	9	1	2	3	2	2	4	1	1	2			
19. With psychopathic personality.....	2		2	1		1	1		1						
20. With mental deficiency.....		1	1					1	1						
21. Undiagnosed psychoses.....	7	3	10	3	1	4	3		3	1	2	3			
22. Without psychosis...	7	5	12	3	3	6	3	2	5	1		1			
Total.....	295	275	570	93	128	221	177	106	283	22	40	62	3	1	4

TABLE XII.

USE OF ALCOHOL BY FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES

PSYCHOSES	Total			Abstinent			Temperate			Intemperate			Unascertained		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic.....	1		1				1		1						
2. Senile.....	14	19	33	3	12	15	3	5	8	5		5	3	2	5
3. With cerebral arteriosclerosis....	42	52	94	10	34	44	19	5	24	8	2	10	5	11	16
4. General paralysis... 5. With cerebral syphilis.....	41	11	52	5	8	13	18	2	20	7		7	11	1	12
6. With Huntington's chorea.....		1	1		1	1									
7. With brain tumor...															
8. With other brain or nervous diseases..	5	5	10	3	3	6	1	2	3	1		1			
9. Alcoholic.....	23	3	25							22	3	25			
10. Due to drugs & other exogenous toxins..		1	1		1	1									
11. With pellagra.....															
12. With other somatic diseases.....	5	9	14		8	8	1		1	4		4		1	1
13. Manic-depressive...	20	62	82	6	45	51	8	10	18	3		3	3	7	10
14. Involution melancholia.....	3	12	15	1	9	10	2	1	3					2	2
15. Dementia præcox...	116	79	195	38	66	104	34	5	39	20	1	21	24	7	31
16. Paranoia or paranoid conditions.....	4	6	10	1	5	6	2	1	3	1		1			
17. Epileptic psychoses..	2		2				1		1	1		1			
18. Psychoneuroses and neuroses.....	4	5	9	4	4	8								1	1
19. With psychopathic personality.....	2		2				1		1	1		1			
20. With mental deficiency.....		1	1		1	1									
21. Undiagnosed psychoses.....	7	3	10	1	2	3	2	1	3	4		4			
22. Without psychosis..	7	5	12	1	5	6	3		3	3		3			
Total.....	295	275	570	73	205	278	96	32	128	80	6	86	46	32	78

TABLE XIII.

MARITAL CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES

PSYCHOSES	Total			Single			Married			Widowed			Separated			Divorced			Unascertained			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1. Traumatic	1		1				1		1													
2. Senile	14	19	33		3	3	4	5	9	9	11	20				1		1				
3. With cerebral arteriosclerosis....	42	52	94	9	8	17	26	19	45	5	24	29	1	1	2				1		1	
4. General paralysis....	41	11	52	6		6	32	9	41	2	2	4							1		1	
5. With cerebral syphilis		1	1					1	1													
6. With Huntington's chorea		1	1								1	1										
7. With brain tumor....																						
8. With other brain or nervous diseases..	5	5	10	2	2	4	2	3	5				1		1				1			
9. Alcoholic	22	3	25	5		5	12	3	15	2		2	2		2			1		1		
10. Due to drugs & other exogenous toxins..		1	1					1	1													
11. With pellagra																						
12. With other somatic diseases	5	9	14				5	8	13									1	1			
13. Manic-depressive ...	20	62	82	9	14	23	10	46	56	1	2	3										
14. Involution melan- cholia	3	12	15		2	2	3	6	9		4	4										
15. Dementia præcox....	116	79	195	80	33	113	30	40	70	1	3	4	2	2	2	2	1	3	3		3	
16. Paranoia or paranoid conditions	4	6	10	1	1	2	1	3	4	1	2	3				1		1				
17. Epileptic psychoses.	2		2				2		2													
18. Psychoneuroses and neuroses	4	5	9	2	1	3	2	4	6													
19. With psychopathic personality	2		2	1		1	1		1													
20. With mental deficiency		1	1		1	1																
21. Undiagnosed psychoses	7	3	10	2		2	5	1	6					2	2							
22. Without psychosis..	7	5	12	5	3	8	2		2		1	1		1	1							
Total	295	275	570	122	68	190	138	149	287	21	50	71	4	6	10	5	2	7	5			5

TABLE XIV.

PSYCHOSES OF READMISSIONS

PSYCHOSES	Males	Females	Total
1. Traumatic psychoses.....			
2. Senile psychoses.....	1	1	2
3. Psychoses with cerebral arteriosclerosis.....	3	2	5
4. General paralysis.....	2	1	3
5. Psychoses with cerebral syphilis.....			
6. Psychoses with Huntington's chorea..			
7. Psychoses with brain tumor.....			
8. Psychoses with other brain or nervous diseases..			
9. Alcoholic psychoses.....	5	1	6
10. Psychoses due to drugs and other exogenous toxins			
11. Psychoses with pellagra.....			
12. Psychoses with other somatic diseases.....			
13. Manic-depressive psychoses.....	15	17	32
14. Involution melancholia.....			
15. Dementia præcox.....	24	23	47
16. Paranoia and paranoid conditions.....		5	5
17. Epileptic psychoses.....	1		1
18. Psychoneuroses and neuroses.....		2	2
19. Psychoses with psychopathic personality.....	5		5
20. Psychoses with mental deficiency.....		1	1
21. Undiagnosed psychoses.....			
22. Without psychosis.....	3	1	4
Total.....	59	54	113

TABLE XV.

DISCHARGES OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
AND CONDITION ON DISCHARGE

PSYCHOSES	Total			Recovered			Improved			Unimproved		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic												
2. Senile	2	3	5					1	1	2	2	4
3. With cerebral arteriosclerosis	4	10	14	2	4	6	1	3	4	1	3	4
4. General paralysis.....	1	2	3				1	1	2		1	1
5. With cerebral syphilis.....	1		1				1		1			
6. With Huntington's chorea.....												
7. With brain tumor....												
8. With other brain or nervous diseases...	1	1	2				1		1		1	1
9. Alcoholic.....	12		12	10		10	1		1	1		1
10. Due to drugs & other exogenous toxins..		2	2		1	1					1	1
11. With pellagra.....												
12. With other somatic diseases	3	5	8	3	2	5		3	3			
13. Manic-depressive....	29	40	69	22	24	46	5	14	19	2	2	4
14. Involution melan- cholia	2	3	5		2	2	2		2		1	1
15. Dementia præcox....	52	32	84				47	25	72	5	7	12
16. Paranoia or paranoid conditions	6	5	11				5	3	8	1	2	3
17. Epileptic psychoses..	2	1	3	1		1	1	1	2			
18. Psychoneuroses and neuroses.....	1	5	6	1	4	5		1	1			
19. With psychopathic personality.....	3		3	1		1				2		2
20. With mental deficiency	1		1	1		1						
21. Undiagnosed psychoses.....	1	2	3		2	2				1		1
22. Without psychosis...	7	7	14									
Total.....	128	118	246	41	39	80	65	52	117	15	20	35

TABLE XVIII.

TOTAL DURATION OF HOSPITAL LIFE OF PATIENTS DYING IN HOSPITAL CLASSIFIED ACCORDING TO PRINCIPAL PSYCHOSES.

PSYCHOSES	Total			Less than 1 month			1-3 months			4-7 months			8-12 months			1-2 years			3-4 years			5-6 years			7-8 years			9-10 years			11-12 years			13-14 years			15-19 years			20 years and over				
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.								
1. Traumatic.....																																												
2. Senile.....	18	20	38	2	2	4	3	4	7	3	4	7	2	1	3	2	7	9	2		2	3	1	4										1		1								
3. With cerebral arteriosclerosis....	13	13	26	2	4	6	5	2	7																																			
4. General paralysis... 5. With cerebral syphilis.....	38	6	44	5	1	6	8	3	11	5		5	2	2	4	18	5	7							1		1																	
6. With Huntington's chorea.....		1	1														1	1																										
7. With brain tumor...																																												
8. With other brain or nervous diseases...	1	1	2					1	1						1		1																											
9. Alcoholic.....	3		3	2		2																														1	1							
10. Due to drugs and other exogenous toxins..																																												
11. With pellagra.....																																												
12. With other somatic diseases.....	6	2	8	3	2	5	1		1		1					1		1																										
13. Manic-depressive...	6	10	16		2	2		2	2						3	1	4				1	1	2	1	1	2																		
14. Involution melancholia.....	2	3	5									1	1	1	2																													
15. Dementia præcox...	27	29	56	2		2	2	1	3	1	1	2			1	1	2				4	5	9		2	2	3	6	9	1	2	3	5		5	2	1	3	3	1	4	1	6	7
16. Paranoia or paranoid conditions.....	4	2	6												1	1	2				1		1															2	2					
17. Epileptic psychoses..	1		1												1		1																											
18. Psychoneuroses and neuroses.....																																												
19. With psychopathic personality.....	1	1	2							1		1					1	1																										
20. With mental deficiency.....	3	1	4																																									
21. Undiagnosed psychoses.....																																												
22. Without psychosis..																																												
Total.....	124	89	213	16	11	27	19	13	32	11	8	19	8	3	11	32	21	53	7	6	13	6	4	10	4	7	11	3	3	6	5	3	8	2	2	4	7	2	9	4	6	10		

TABLE SHOWING IN DETAIL MANNER OF SUPPORT.

JUNE 30, 1924.

COUNTY	INDIGENT			ST. INDIGENT			PRIVATE			CONVICT			CRIMINAL			TOTAL		
	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total
Bergen	168	191	359	78	68	146	24	37	61	..	..	..	..	..	..	270	296	566
Essex.....	25	25	50	194	201	395	23	53	76	..	..	..	1	..	1	243	279	522
Hudson.....	56	34	90	164	133	297	64	111	175	..	..	..	..	1	1	284	279	563
Hunterdon.....	..	1	1	1	1	2	..	2	2	..	..	..	..	..	..	1	4	5
Mercer.....	1	..	1	..	..	..	..	1	1	..	..	..	..	..	..	1	1	2
Middlesex.....	4	1	5	2	..	2	2	5	7	..	..	..	..	..	..	8	6	14
Monmouth.....	2	3	5	..	..	..	2	5	7	..	..	..	..	..	..	4	8	12
Morris.....	96	87	183	35	24	59	12	20	32	1	..	1	1	..	1	145	131	276
Ocean.....	..	..	..	..	..	..	..	3	3	..	..	..	..	..	..	..	3	3
Passaic.....	261	252	513	63	41	104	24	32	56	..	..	..	..	..	..	348	325	673
Somerset.....	1	..	1	..	..	..	4	6	10	..	..	..	..	..	..	5	6	11
Sussex.....	29	25	54	9	4	13	7	5	12	1	..	1	..	..	..	46	34	80
Union.....	204	229	433	54	50	104	31	40	71	..	..	..	..	..	..	289	319	608
Warren.....	8	3	11	3	2	5	..	1	1	1	..	1	..	..	..	12	6	18
New York.....	..	..	..	..	1	1	4	5	9	..	..	..	..	..	..	4	6	10
Utah.....	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	1	..	1
Total.....	855	851	1706	603	525	1128	198	326	524	3	..	3	2	1	3	1661	1703	3364

NOTE:---In all indigent cases where inquiry has not been held, or final court order has not been received, the patients are credited to the County from which they were sent.

Year	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	Total
Wheat	100	120	110	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	3100
Barley	50	60	70	80	90	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	2600
Oats	30	40	50	60	70	80	90	100	110	120	130	140	150	160	170	180	190	200	210	220	230	2400
Rye	20	30	40	50	60	70	80	90	100	110	120	130	140	150	160	170	180	190	200	210	220	2300
Other	10	20	30	40	50	60	70	80	90	100	110	120	130	140	150	160	170	180	190	200	210	2200
Total	190	270	300	330	360	390	420	450	480	510	540	570	600	630	660	690	720	750	780	810	840	8500

Page 20, 1920

APPENDIX TO BUSINESS DEPARTMENT REPORT

APPENDIX TO BUSINESS DEPARTMENT REPORT

DAIRY AND FARM.

977,826.45 lbs. milk.....	\$45,468.89
1,688 192-2000 tons manure.....	3,376.18
114 1670-2000 tons grass.....	1,500.38
1 425-2000 tons gr. corn.....	9.70
11 1525-2000 tons gr. oats.....	94.10
519 tons ensilage.....	4,671.00
126 1728-2000 tons timothy hay.....	3,044.73
54 523-2000 tons timothy and clover.....	1,139.49
114 1890-2000 tons mangelwurzel.....	1,034.51
109 baskets plums.....	62.13
207 bu. rye.....	142.35
58 tons straw.....	870.00
778 bu. wheat.....	783.06
4,021 4-12 doz. eggs.....	1,764.39
Offal sold.....	35.89
	<hr/>
	\$63,996.80

STOCK SLAUGHTERED AND USED AT HOSPITAL.

6,752 lbs. beef.....	\$979.58
28 lbs. heart, cow's.....	1.40
109 lbs. liver, cow's.....	10.72
32 lbs. liver, calves'.....	3.49
2,688 lbs. veal.....	465.41
7½ lbs. broilers.....	3.38
374 lbs. chicken.....	113.08
7 lbs. guinea hen.....	2.03
96½ lbs. heart, pigs'.....	7.27
752½ lbs. liver, pigs'.....	59.96
70,180 lbs. pork.....	8,857.96
	<hr/>
	\$10,504.28

STATEMENT OF VEGETABLES AND FRUITS GROWN AND FURNISHED FROM GARDEN
DURING FISCAL YEAR ENDING JUNE 30, 1924.

7,397 bunches asparagus.....	\$2,754.73
1,375 13-16 baskets string beans	1,200.63
847 3-16 baskets lima beans.....	765.40
640 bunches beets.....	73.84
2,270 1-16 baskets beets.....	1,786.34
13-16 basket beet tops.....	.92
1,235 19-25 barrels cabbage.....	2,606.10
16 19-25 barrels cabbage, red	254.35
143 bunches carrots.....	11.56
1,950 10-16 baskets carrots.....	1,415.87
404 3-20 barrels cauliflower.....	2,101.97
7,297 bunches celery.....	1,614.40
71 gallons citron.....	71.00
65,730 ears corn.....	1,246.54
57 7-16 baskets cucumbers.....	37.32
167 quarts currants.....	28.39
130 9-16 baskets egg plant.....	52.06
129 quarts gooseberries.....	23.22
469 8-16 baskets grapes.....	459.45
1 pound horseradish.....	.05
366 10-16 baskets kale.....	76.59
955 ea. leek.....	19.05
2,053 bunches leek.....	115.33
1,094 7-16 baskets lettuce.....	867.33
30,792 bunches onions.....	1,734.53
230 8-16 baskets onions.....	216.87
6,355 bunches parsley.....	254.04
128 3-16 baskets peppers.....	49.41
1,075 ea. pumpkins.....	127.98
12,915 bunches radishes.....	463.99
1,478 pts. raspberries.....	153.98
32,773 bunches rhubarb.....	1,897.43
27 barrels sauerkraut.....	499.50
617 9-16 baskets spinach.....	299.04
8 15-16 baskets squash.....	3.41
64 quarts strawberries.....	9.60
20 14-16 baskets green tomatoes.....	10.44
12 baskets yellow tomatoes.....	4.82
4,915 7-16 baskets red tomatoes.....	4,156.38
2,641 baskets tomatoes (canned).....	1,381.29
917 6-16 baskets turnips.....	450.85
34 9-16 baskets rutabagas.....	13.89

\$29,310.89

FLORIST'S REPORT.

RECORD OF CUT FLOWERS.

Roses.....	16,431
Carnations.....	2,047
Chrysanthemums (large).....	1,740
Chrysanthemums (small).....	13,610
Dahlias.....	13,991
Snapdragon.....	22,455
Gladiolus.....	1,178
Lilies (Calla).....	490
Asters.....	4,000
Strawflowers.....	250
Narcissus (paper white).....	270
Narcissus (double).....	1,618
Sprengeri strings.....	890
Peonies.....	450
Pansies.....	1,500
Phlox (hardy).....	1,085
Larkspur.....	245
Golden glow (rudebeckia).....	3,700
Seabiosa.....	1,057
Zinnia.....	1,372
Calendula.....	75

PLANTS AND BULBS GROWN FOR FLOWER BEDS AND
CUT FLOWERS.

Pansies.....	1,012
Geraniums.....	2,500
Forenia.....	150
Coleus.....	3,844
Celossia.....	50
Salvia.....	1,398
Vinca.....	1,645
Helichrysum.....	150
Chrysanthemums.....	4,400
Lobelia.....	100
Dahlia.....	1,282
Cannas.....	1,526
Snapdragon.....	6,150
Asters.....	4,000
Gladiolus.....	3,500
Roses.....	1,250
Carnations.....	745

Begonias	1,668
Zinnias	954
Verbena.....	1,175
Ageratum	250
Jerusalem cherries.....	600
Ferns.....	215
Hyacinths.....	850
Easter lilies	356
Spirea	155
Seabiosa	850
Heliotrope	203
Tulips	3,000
Crocus.....	150
Sweet alyssum.....	660
Delphinium	1,200
Dracaena	50
Calendula.....	75

PLANTS FOR PATIENTS' GARDEN.

Egg plants	650
Tomato.....	1,170
Pepper.....	650

[This report was printed by the patients of The New Jersey State Hospital at the Occupation Therapy Department of the Hospital.]

